

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016860	2 Total pages filed: 37
3 COMMITTEE NAME Texas Academy of Family Physicians PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12012 Technology Blvd., Ste. 200 Austin, TX 78727-6207		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Tom	
		NICKNAME	SUFFIX
		Banning	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12012 Technology Blvd., Ste. 200 Austin, TX 78727-6207		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12012 Technology Blvd., Ste. 200 Austin, TX 78727-6207		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12012 Technology Blvd., Ste. 200 Austin, TX 78727-6207		
	AREA CODE PHONE NUMBER EXTENSION (512) 329-8666		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination		
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month	Day	Year
	07/01/2023		THROUGH
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
		<input type="checkbox"/> Other	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Academy of Family Physicians PAC	13 Filer ID (Ethics Commission Filers) 00016860
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,380.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	71,378.71
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.

Mr. Tom Banning

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas Academy of Family Physicians PAC		18 Filer ID (Ethics Commission Filers) 00016860
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,380.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/34 Rpt: 4/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 07/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiena M.D., Lane (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Huntsville, TX 77320-1951	7 Amount of Contribution (\$) <div style="text-align: right;">\$30.00</div>
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiena M.D., Lane (Dr.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320-1951	Amount of Contribution (\$) <div style="text-align: right;">\$30.00</div>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiena M.D., Lane (Dr.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320-1951	Amount of Contribution (\$) <div style="text-align: right;">\$30.00</div>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiena M.D., Lane (Dr.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320-1951	Amount of Contribution (\$) <div style="text-align: right;">\$30.00</div>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiena M.D., Lane (Dr.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320-1951	Amount of Contribution (\$) <div style="text-align: right;">\$30.00</div>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/34 Rpt: 5/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiena M.D., Lane (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Huntsville, TX 77320-1951	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberda M.D., Kelly (Dr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78756-2433	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos M.D., Justin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code North Richland Hills, TX 76180-8338	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos M.D., Justin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code North Richland Hills, TX 76180-8338	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos M.D., Justin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code North Richland Hills, TX 76180-8338	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/34 Rpt: 6/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benold M.D., Stephen (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628-5320	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benold M.D., Stephen (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628-5320	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benold M.D., Stephen (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628-5320	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benold M.D., Stephen (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628-5320	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benold M.D., Stephen (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628-5320	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/34 Rpt: 7/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benold M.D., Stephen (Dr.)	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78628-5320		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botsford M.D., Lindsay (Dr.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77019-6720		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botsford M.D., Lindsay (Dr.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77019-6720		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botsford M.D., Lindsay (Dr.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77019-6720		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botsford M.D., Lindsay (Dr.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77019-6720		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/34 Rpt: 8/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botsford M.D., Lindsay (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77019-6720	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botsford M.D., Lindsay (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77019-6720	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs M.D., Emily (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs M.D., Emily (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs M.D., Emily (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/34 Rpt: 9/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs M.D., Emily (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs M.D., Emily (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs M.D., Emily (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caffrey M.D., Timothy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209-6221	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caffrey M.D., Timothy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209-6221	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/34 Rpt: 10/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 09/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caffrey M.D., Timothy (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209-6221	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caffrey M.D., Timothy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209-6221	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caffrey M.D., Timothy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209-6221	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan M.D., Chinglin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan M.D., Chinglin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/34 Rpt: 11/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 09/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan M.D., Chinglin (Dr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan M.D., Chinglin (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan M.D., Chinglin (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan M.D., Chinglin (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chassay M.D., C (Dr.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/34 Rpt: 12/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 08/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chassay M.D., C (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chassay M.D., C (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chassay M.D., C (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chassay M.D., C (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chassay M.D., C (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/34 Rpt: 13/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 07/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duchicela M.D., Jorge (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Weimar, TX 78962-3680	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duchicela M.D., Jorge (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weimar, TX 78962-3680	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duchicela M.D., Jorge (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weimar, TX 78962-3680	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duchicela M.D., Jorge (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weimar, TX 78962-3680	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duchicela M.D., Jorge (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weimar, TX 78962-3680	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/34 Rpt: 14/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 12/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duchicela M.D., Jorge (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Weimar, TX 78962-3680	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon M.D., Antonio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Rio Grande City, TX 78582-6201	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon M.D., Antonio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Rio Grande City, TX 78582-6201	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon M.D., Antonio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Rio Grande City, TX 78582-6201	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon M.D., Antonio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Rio Grande City, TX 78582-6201	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/34 Rpt: 15/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon M.D., Antonio (Dr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Rio Grande City, TX 78582-6201		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesinger M.D., Troy (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77096-3910		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesinger M.D., Troy (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77096-3910		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesinger M.D., Troy (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77096-3910		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesinger M.D., Troy (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77096-3910		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/34 Rpt: 16/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 11/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesinger M.D., Troy (Dr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77096-3910	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesinger M.D., Troy (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77096-3910	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn M.D., Lisa (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78748-2608	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn M.D., Lisa (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78748-2608	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn M.D., Lisa (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78748-2608	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/34 Rpt: 17/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn M.D., Lisa (Dr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78748-2608	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn M.D., Lisa (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78748-2608	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn M.D., Lisa (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78748-2608	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertz M.D., Roland (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Waco, TX 76712-3407	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertz M.D., Roland (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Waco, TX 76712-3407	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/34 Rpt: 18/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertz M.D., Roland (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712-3407	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertz M.D., Roland (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-3407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertz M.D., Roland (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-3407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertz M.D., Roland (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-3407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer M.D., Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code Henrietta, TX 76365-0360	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/34 Rpt: 19/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 10/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer M.D., Thomas (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Henrietta, TX 76365-0360	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer M.D., Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Henrietta, TX 76365-0360	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer M.D., Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Henrietta, TX 76365-0360	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta M.D., Ajay (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78730-3465	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta M.D., Ajay (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78730-3465	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/34 Rpt: 20/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 09/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta M.D., Ajay (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78730-3465	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta M.D., Ajay (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78730-3465	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta M.D., Ajay (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78730-3465	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta M.D., Ajay (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78730-3465	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez M.D., Natalia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093-6173	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/34 Rpt: 21/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 08/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez M.D., Natalia (Dr.)	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Plano, TX 75093-6173		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez M.D., Natalia (Dr.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Plano, TX 75093-6173		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez M.D., Natalia (Dr.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Plano, TX 75093-6173		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez M.D., Natalia (Dr.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Plano, TX 75093-6173		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez M.D., Natalia (Dr.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Plano, TX 75093-6173		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/34 Rpt: 22/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 07/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadley M.D., Lesca (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cleburne, TX 76033-8318	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadley M.D., Lesca (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cleburne, TX 76033-8318	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadley M.D., Lesca (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cleburne, TX 76033-8318	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadley M.D., Lesca (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cleburne, TX 76033-8318	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadley M.D., Lesca (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cleburne, TX 76033-8318	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/34 Rpt: 23/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadley M.D., Lesca (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Cleburne, TX 76033-8318	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt M.D., Farron (Dr.) <hr/> Contributor address; City; State; Zip Code Manor, TX 78653	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt M.D., Farron (Dr.) <hr/> Contributor address; City; State; Zip Code Manor, TX 78653	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt M.D., Farron (Dr.) <hr/> Contributor address; City; State; Zip Code Manor, TX 78653	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt M.D., Farron (Dr.) <hr/> Contributor address; City; State; Zip Code Manor, TX 78653	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/34 Rpt: 24/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt M.D., Farron (Dr.)	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Manor, TX 78653		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt M.D., Farron (Dr.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Manor, TX 78653		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley M.D., Janet (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley M.D., Janet (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley M.D., Janet (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/34 Rpt: 25/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley M.D., Janet (Dr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley M.D., Janet (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley M.D., Janet (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Brian (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Brian (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/34 Rpt: 26/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 09/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Brian (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo M.D., Javier (Dr.) <hr/> Contributor address; City; State; Zip Code Rio Grande City, TX 75852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/34 Rpt: 27/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo M.D., Javier (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Rio Grande City, TX 75852	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo M.D., Javier (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rio Grande City, TX 75852	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo M.D., Javier (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rio Grande City, TX 75852	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo M.D., Javier (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rio Grande City, TX 75852	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo M.D., Javier (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rio Grande City, TX 75852	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/34 Rpt: 28/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire M.D., Louis (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pecos, TX 79772-7338	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire M.D., Louis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pecos, TX 79772-7338	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire M.D., Louis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pecos, TX 79772-7338	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire M.D., Louis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pecos, TX 79772-7338	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire M.D., Louis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pecos, TX 79772-7338	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/34 Rpt: 29/37
2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 12/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire M.D., Louis (Dr.)	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Pecos, TX 79772-7338	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendonca M.D., Adam (Dr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77042-2959	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell M.D., Li-Yu (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Tyler, TX 75703-5516	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell M.D., Li-Yu (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Tyler, TX 75703-5516	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen M.D., Mary (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Castroville, TX 78009-4527	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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6 Contributor address; City; State; Zip Code Castroville, TX 78009-4527		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen M.D., Mary (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Castroville, TX 78009-4527		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen M.D., Mary (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Castroville, TX 78009-4527		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen M.D., Mary (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Castroville, TX 78009-4527		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen M.D., Mary (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Castroville, TX 78009-4527		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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4 Date 11/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okwuwa M.D., Ikemefuna (Dr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Odessa, TX 79763-4206		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okwuwa M.D., Ikemefuna (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Odessa, TX 79763-4206		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver M.D., Paul (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Georgetown, TX 78626-4536		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rode M.D., Rashmi (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77025-1304		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rode M.D., Rashmi (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77025-1304		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rode M.D., Rashmi (Dr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Houston, TX 77025-1304	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rode M.D., Rashmi (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77025-1304	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rode M.D., Rashmi (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77025-1304	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rode M.D., Rashmi (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77025-1304	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siy M.D., Linda (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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4 Date 08/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siy M.D., Linda (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siy M.D., Linda (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siy M.D., Linda (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siy M.D., Linda (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siy M.D., Linda (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Academy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4 Date 07/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spalding M.D., Mary (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code El Paso, TX 79902-3234	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spalding M.D., Mary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79902-3234	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spalding M.D., Mary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79902-3234	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spalding M.D., Mary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79902-3234	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spalding M.D., Mary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79902-3234	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spalding M.D., Mary (Dr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code El Paso, TX 79902-3234		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splinter M.D., Joshua (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Athens, TX 75751-9003		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splinter M.D., Joshua (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Athens, TX 75751-9003		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splinter M.D., Joshua (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Athens, TX 75751-9003		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splinter M.D., Joshua (Dr.)	Amount of Contribution (\$) \$20.00
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	6 Contributor address; City; State; Zip Code Athens, TX 75751-9003	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splinter M.D., Joshua (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Athens, TX 75751-9003	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youens M.D., Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carmine, TX 78932-5245	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youens M.D., Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carmine, TX 78932-5245	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young M.D., Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young M.D., Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young M.D., Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young M.D., Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707	
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Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young M.D., Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)