FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016860 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Academy of Family Physicians PAC Date Received **ELECTRONICALLY FILED** 01/16/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **ADDRESS** 12012 Technology Blvd., Ste. 200 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78727-6207 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Tom NAME NICKNAME LAST **SUFFIX** Banning STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12012 Technology Blvd., Ste. 200 STREET **ADDRESS** (Residence or Business) Austin, TX 78727-6207 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 12012 Technology Blvd., Ste. 200 MAILING **ADDRESS** Austin, TX 78727-6207 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 329-8666 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Day Month Year Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAM	ME		13 Filer ID	(Ethics Commission Filers)
Texas Academy	of Family Physicians PAC		00016860	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	, и сарропа		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,380.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	71,378.71
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mr. Tom	Danning	
		Mr. 1 om Signature of Car	Banning	ror
		Signature of Car	npaign measu	iei
AFFIX N	IOTARY STAMP / SEAL ABOVE			
Sworn to and sul	bscribed before me, by the said _	, th	nis the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of o	fficer administering oath	Printed name of officer administering oath	Title of offic	er administering oath
-	Ç	,		Ŭ

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 37
17 COMMITT	EE NAME ademy of Family Physicians PAC	18 Filer ID 00016860	(Ethics Commission I	Filers)
	E SUBTOTALS		1	
NAME OF	SCHEDULE		SUBTOTAL AM	OUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,380.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/34 Rpt: 4/37	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 07/13/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
_		Huntsville, TX 77320-1951				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/13/2023	Full name of contributor out-of-state PAC (ID#: Aiena M.D., Lane (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Dringinal occu	Huntsville, TX 77320-1951 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	Jalion / Job little (See Instructions)	Employer (See instructions)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#: Aiena M.D., Lane (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Huntsville, TX 77320-1951				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/13/2023	Full name of contributor out-of-state PAC (ID#:Aiena M.D., Lane (Dr.) Contributor address; City; State; Zip Code Huntsville, TX 77320-1951)		Amount of Contribution (\$)	\$30.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/13/2023	Full name of contributor out-of-state PAC (ID#:Aiena M.D., Lane (Dr.) Contributor address; City; State; Zip Code Huntsville, TX 77320-1951)		Amount of Contribution (\$)	\$30.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/34 Rpt: 5/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 12/13/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00
_		Huntsville, TX 77320-1951				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/02/2023	Full name of contributor out-of-state PAC (ID#: Alberda M.D., Kelly (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Dringinal occu	Austin, TX 78756-2433 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	pation / Job title (See instructions)	Employer (See instructions)		
	Date 07/24/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		North Richland Hills, TX 76180-8338				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/34 Rpt: 6/37	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 07/11/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_		Georgetown, TX 78628-5320				
8	Principal occur Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Benold M.D., Stephen (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing aggr	Georgetown, TX 78628-5320	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See instructions)		
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Benold M.D., Stephen (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78628-5320				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID#: Benold M.D., Stephen (Dr.) Contributor address; City; State; Zip Code Georgetown, TX 78628-5320)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/11/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/34 Rpt: 7/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 12/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		Georgetown, TX 78628-5320				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID#: Botsford M.D., Lindsay (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Houston, TX 77019-6720 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	,				
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#: Botsford M.D., Lindsay (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Houston, TX 77019-6720				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/30/2023	Full name of contributor out-of-state PAC (ID#:_Botsford M.D., Lindsay (Dr.) Contributor address; City; State; Zip Code Houston, TX 77019-6720			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#: Botsford M.D., Lindsay (Dr.) Contributor address; City; State; Zip Code Houston, TX 77019-6720			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONEI	ARY POLITICAL CONTRIBUTIONS	•	SCHEDULE A	A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 5/34 Rpt: 8/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC	3	Filer ID (Ethics Commission File 00016860	ers)
4	Date 11/30/2023	 Full name of contributor		Amount of Contribution (\$)	615.00
8	Principal occu Physician	Houston, TX 77019-6720 pation / Job title (See Instructions) 9 E	mployer (See Instructions)		
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID#: Botsford M.D., Lindsay (Dr.) Contributor address; City; State; Zip Code Houston, TX 77019-6720		Amount of Contribution (\$)	615.00
	Principal occu Physician	pation / Job title (See Instructions)	mployer (See Instructions)		
	Date 07/17/2023	Full name of contributor out-of-state PAC (ID#: Briggs M.D., Emily (Dr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$10.00
	Principal occu Physician	New Braunfels, TX 78130 pation / Job title (See Instructions)	mployer (See Instructions)		
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu Physician	New Braunfels, TX 78130 pation / Job title (See Instructions)	mployer (See Instructions)		
	Date 09/17/2023	Full name of contributor out-of-state PAC (ID#: Briggs M.D., Emily (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130		Amount of Contribution (\$)	\$10.00
	Principal occu Physician		mployer (See Instructions)		
		'			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/34 Rpt: 9/37	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 10/17/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 78130				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Briggs M.D., Emily (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 78130 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 12/17/2023	Full name of contributor out-of-state PAC (ID#: Briggs M.D., Emily (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 78130				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/24/2023	Full name of contributor out-of-state PAC (ID#:Caffrey M.D., Timothy (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-6221)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#: Caffrey M.D., Timothy (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-6221			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/34 Rpt: 10/37	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 09/24/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		San Antonio, TX 78209-6221				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/24/2023	Full name of contributor out-of-state PAC (ID#: Caffrey M.D., Timothy (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78209-6221 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 11/24/2023	Full name of contributor out-of-state PAC (ID#: Caffrey M.D., Timothy (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78209-6221				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2023	Full name of contributor out-of-state PAC (ID#:Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#: Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/34 Rpt: 11/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 09/10/2023	 Full name of contributor out-of-state PAC (ID#: Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_		Sugar Land, TX 77478-3924				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#: Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occur	Sugar Land, TX 77478-3924 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	Jalion / Job title (See Instructions)	Employer (See instructions	,		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#: Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Sugar Land, TX 77478-3924				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2023	Full name of contributor out-of-state PAC (ID#: Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/27/2023	Full name of contributor out-of-state PAC (ID#:Chassay M.D., C (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/34 Rpt: 12/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 08/27/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$15.00
_	Deireitad	Fort Worth, TX 76107-2644	2. Evelove (Co. lectoration			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/27/2023	Full name of contributor out-of-state PAC (ID#:Chassay M.D., C (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Deinsinal assu	Fort Worth, TX 76107-2644	Franklavar (Caa laatuvatiara			
	Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#: Chassay M.D., C (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Fort Worth, TX 76107-2644				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/27/2023	Full name of contributor out-of-state PAC (ID#:Chassay M.D., C (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#: Chassay M.D., C (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/34 Rpt: 13/37	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 07/25/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Lagor	Weimar, TX 78962-3680	. Faralayar (Coo la structiona			
8	Principal occul Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#: Duchicela M.D., Jorge (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occur	Weimar, TX 78962-3680 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	salion, oss also (coo included inc)		,		
	Date 09/25/2023	Full name of contributor out-of-state PAC (ID#: Duchicela M.D., Jorge (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Weimar, TX 78962-3680				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/25/2023	Full name of contributor out-of-state PAC (ID#: Duchicela M.D., Jorge (Dr.) Contributor address; City; State; Zip Code Weimar, TX 78962-3680)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/25/2023	Full name of contributor out-of-state PAC (ID#: Duchicela M.D., Jorge (Dr.) Contributor address; City; State; Zip Code Weimar, TX 78962-3680			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/34 Rpt: 14/37	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 12/25/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Daine in a la casa	Weimar, TX 78962-3680	. Faralassa (Osa lastrustiana			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/13/2023	Full name of contributor out-of-state PAC (ID#: Falcon M.D., Antonio (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Rio Grande City, TX 78582-6201 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 08/13/2023	Full name of contributor out-of-state PAC (ID#: Falcon M.D., Antonio (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Rio Grande City, TX 78582-6201				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 10/13/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/34 Rpt: 15/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 11/13/2023	 Full name of contributor out-of-state PAC (ID#:_Falcon M.D., Antonio (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_	District	Rio Grande City, TX 78582-6201				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/21/2023	Full name of contributor out-of-state PAC (ID#:_ Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	Houston, TX 77096-3910 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2023	Full name of contributor out-of-state PAC (ID#: Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Houston, TX 77096-3910				
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/21/2023	Full name of contributor out-of-state PAC (ID#: Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-3910			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#:_Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-3910			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/34 Rpt: 16/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 11/21/2023	 Full name of contributor out-of-state PAC (ID#:_Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77096-3910	Employer (See Instructions			
0	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	')		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	Houston, TX 77096-3910 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/25/2023	Full name of contributor out-of-state PAC (ID#:_Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	Austin, TX 78748-2608 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78748-2608			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/25/2023	Full name of contributor out-of-state PAC (ID#:_Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78748-2608			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 14/34 Rpt: 17/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC	3	Filer ID (Ethics Commission F 00016860	ilers)
4	Date 10/25/2023	 5 Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
		Austin, TX 78748-2608			
8	Principal occu Physician	pation / Job title (See Instructions) 9 Emp	loyer (See Instructions)		
	Date 11/25/2023	Full name of contributor out-of-state PAC (ID#: Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$50.00
_	Principal occu	Austin, TX 78748-2608 pation / Job title (See Instructions) Emp	loyer (See Instructions)		
	Date 12/25/2023	Full name of contributor out-of-state PAC (ID#: Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78748-2608 pation / Job title (See Instructions) Emp	loyer (See Instructions)		
	Physician Date 07/11/2023	Full name of contributor out-of-state PAC (ID#: Goertz M.D., Roland (Dr.) Contributor address; City; State; Zip Code Waco, TX 76712-3407		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions) Emp	loyer (See Instructions)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Goertz M.D., Roland (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions) Emp	loyer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/34 Rpt: 18/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 09/11/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		Waco, TX 76712-3407				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Waco, TX 76712-3407 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/11/2023	Full name of contributor out-of-state PAC (ID#:_ Goertz M.D., Roland (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Waco, TX 76712-3407				
	Principal occur Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Waco, TX 76712-3407 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Greer M.D., Thomas (Dr.) Contributor address; City; State; Zip Code Henrietta, TX 76365-0360			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/34 Rpt: 19/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 10/08/2023	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Henrietta, TX 76365-0360				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#: Greer M.D., Thomas (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Henrietta, TX 76365-0360 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician			,		
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#: Greer M.D., Thomas (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Henrietta, TX 76365-0360				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/02/2023	Full name of contributor out-of-state PAC (ID#: Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code Austin, TX 78730-3465)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/02/2023	Full name of contributor out-of-state PAC (ID#: Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code Austin, TX 78730-3465			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 17/34 Rpt: 20/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	ı Filers)
4	Date 09/02/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
0	Dringing occur	Austin, TX 78730-3465	Employer (See Instructions			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/02/2023	Full name of contributor out-of-state PAC (ID#: Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringing aggr	Austin, TX 78730-3465	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_ Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78730-3465				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/02/2023	Full name of contributor out-of-state PAC (ID#: Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code Austin, TX 78730-3465)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/03/2023	Full name of contributor out-of-state PAC (ID#:_Gutierrez M.D., Natalia (Dr.) Contributor address; City; State; Zip Code Plano, TX 75093-6173			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/34 Rpt: 21/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 08/03/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
_		Plano, TX 75093-6173				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/03/2023	Full name of contributor out-of-state PAC (ID#: Gutierrez M.D., Natalia (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occur	Plano, TX 75093-6173 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	salion, oss also (coo insudesiono)	pieye. (eee meadeans	,		
	Date 10/03/2023	Full name of contributor uut-of-state PAC (ID#: Gutierrez M.D., Natalia (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Plano, TX 75093-6173				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Gutierrez M.D., Natalia (Dr.) Contributor address; City; State; Zip Code Plano, TX 75093-6173			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/03/2023	Full name of contributor out-of-state PAC (ID#: Gutierrez M.D., Natalia (Dr.) Contributor address; City; State; Zip Code Plano, TX 75093-6173)		Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 19/34 Rpt: 22/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 07/01/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
		Cleburne, TX 76033-8318				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/01/2023	Full name of contributor out-of-state PAC (ID#: Hadley M.D., Lesca (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Dringinal occu	Cleburne, TX 76033-8318 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	oalion7 Job title (See Instructions)	Employer (See Instructions)		
	Date 09/01/2023	Full name of contributor out-of-state PAC (ID#: Hadley M.D., Lesca (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Cleburne, TX 76033-8318				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/01/2023	Full name of contributor out-of-state PAC (ID#: Hadley M.D., Lesca (Dr.) Contributor address; City; State; Zip Code Cleburne, TX 76033-8318			Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: Hadley M.D., Lesca (Dr.) Contributor address; City; State; Zip Code Cleburne, TX 76033-8318)		Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/34 Rpt: 23/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 12/01/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
		Cleburne, TX 76033-8318				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/16/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu Physician	Manor, TX 78653 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/16/2023	Full name of contributor out-of-state PAC (ID#:_ Hunt M.D., Farron (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Dringing agg	Manor, TX 78653	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 09/16/2023	Full name of contributor out-of-state PAC (ID#:_ Hunt M.D., Farron (Dr.) Contributor address; City; State; Zip Code Manor, TX 78653			Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID#:_ Hunt M.D., Farron (Dr.) Contributor address; City; State; Zip Code Manor, TX 78653			Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS 		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/34 Rpt: 24/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 11/16/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$40.00
		Manor, TX 78653				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/16/2023	Full name of contributor out-of-state PAC (ID#: Hunt M.D., Farron (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$40.00
	Principal occu	Manor, TX 78653 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 07/05/2023	Full name of contributor out-of-state PAC (ID#: Hurley M.D., Janet (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Whitehouse, TX 75791-5934 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Physician					
	Date 08/05/2023	Full name of contributor out-of-state PAC (ID#: Hurley M.D., Janet (Dr.) Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)		
	Date 09/05/2023	Full name of contributor out-of-state PAC (ID#: Hurley M.D., Janet (Dr.) Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/34 Rpt: 25/37	
2	FILER NAME	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
_			,	ļ_		
4	Date 10/05/2023	0/05/2023 Hurley M.D., Janet (Dr.)		ľ	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; State; Zip Code				
		Whitehouse, TX 75791-5934				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/05/2023	Hurley M.D., Janet (Dr.)			.,	\$50.00
		Contributor address; City; State; Zip Code				
		Whitehouse, TX 75791-5934				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Date	Full name of contributor ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/05/2023	Hurley M.D., Janet (Dr.)				\$50.00
		Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Physician			, 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/23/2023	Jones M.D., Brian (Dr.) Contributor address; City; State; Zip Code				\$50.00
		Cedar Hill, TX 75104-2423				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/23/2023	Jones M.D., Brian (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Cedar Hill, TX 75104-2423				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	s) 		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/34 Rpt: 26/37	
2	FILER NAME Texas Acade	NAME S Academy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 09/23/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		Cedar Hill, TX 75104-2423				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/23/2023	Full name of contributor ut-of-state PAC (ID#: Jones M.D., Brian (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Cedar Hill, TX 75104-2423 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	oation / 300 title (See manuchons)	Employer (See instructions	')		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#: Jones M.D., Brian (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Cedar Hill, TX 75104-2423				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#: Jones M.D., Brian (Dr.) Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/34 Rpt: 27/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 08/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Rio Grande City, TX 75852				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#: Margo M.D., Javier (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Rio Grande City, TX 75852 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 10/14/2023	Full name of contributor out-of-state PAC (ID#: Margo M.D., Javier (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Rio Grande City, TX 75852				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: Margo M.D., Javier (Dr.) Contributor address; City; State; Zip Code Rio Grande City, TX 75852)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
		-				

	MONEI	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/34 Rpt: 28/37	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Acade	exas Academy of Family Physicians PAC			00016860	
4	Date 07/03/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$75.00
		Pecos, TX 79772-7338				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor	١		Amount of Contribution (\$)	
	08/03/2023	McIntire M.D., Louis (Dr.)			ranount of Contribution (¢)	\$75.00
	00/00/2020	Contributor address; City; State; Zip Code				Ψ10.00
		Pecos, TX 79772-7338				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Physician					
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/03/2023	McIntire M.D., Louis (Dr.)				\$75.00
		Contributor address; City; State; Zip Code				
		Pecos, TX 79772-7338				
	•	pation / Job title (See Instructions)	Employer (See Instructions))		
	Physician					
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/03/2023	McIntire M.D., Louis (Dr.)				\$75.00
		Contributor address; City; State; Zip Code				
		Pecos, TX 79772-7338				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	-					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#75.00
	11/03/2023	McIntire M.D., Louis (Dr.)				\$75.00
		Contributor address; City; State; Zip Code				
		Pecos, TX 79772-7338				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician			,		
_						

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/34 Rpt: 29/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 12/03/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$75.00
		Pecos, TX 79772-7338				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/24/2023	Full name of contributor out-of-state PAC (ID#: Mitchell M.D., Li-Yu (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Tyler, TX 75703-5516 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician			,		
	Date 10/24/2023	Full name of contributor out-of-state PAC (ID#: Mitchell M.D., Li-Yu (Dr.) Contributor address; City; State; Zip Code Tyler, TX 75703-5516			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/18/2023	Full name of contributor out-of-state PAC (ID#: Nguyen M.D., Mary (Dr.) Contributor address; City; State; Zip Code Castroville, TX 78009-4527			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/34 Rpt: 30/37	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 08/18/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Castroville, TX 78009-4527				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/18/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Castroville, TX 78009-4527 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	Jalion / Job title (See instructions)	Employer (See instructions	,		
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#: Nguyen M.D., Mary (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Castroville, TX 78009-4527				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/18/2023	Full name of contributor out-of-state PAC (ID#: Nguyen M.D., Mary (Dr.) Contributor address; City; State; Zip Code Castroville, TX 78009-4527			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/18/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/34 Rpt: 31/37	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 11/11/2023	 Full name of contributor out-of-state PAC (ID#:Okwuwa M.D., Ikemefuna (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_		Odessa, TX 79763-4206				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#: Okwuwa M.D., Ikemefuna (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occur	Odessa, TX 79763-4206 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	sation 7 300 title (See instructions)	Employer (See instructions)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#: Oliver M.D., Paul (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78626-4536				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/21/2023	Full name of contributor out-of-state PAC (ID#: Rode M.D., Rashmi (Dr.) Contributor address; City; State; Zip Code Houston, TX 77025-1304			Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2023	Full name of contributor out-of-state PAC (ID#: Rode M.D., Rashmi (Dr.) Contributor address; City; State; Zip Code Houston, TX 77025-1304			Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this form.	1	L Total pages Schedule A1: Sch: 29/34 Rpt: 32/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC	3	3 Filer ID (Ethics Commission 00016860	r Filers)
4	Date 09/21/2023	 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$20.00
		Houston, TX 77025-1304			
8	Principal occu Physician	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)		
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	Houston, TX 77025-1304 pation / Job title (See Instructions) Employer (See Instructions)	structions)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#: Rode M.D., Rashmi (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	Houston, TX 77025-1304 pation / Job title (See Instructions) Employer (See Instructions)	structions)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions) Employer (See Instructions)	structions)		
	Date 07/11/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions) Employer (See Ins	structions)		
		1			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 30/34 Rpt: 33/37	
2	FILER NAME Texas Acade	ME addemy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 08/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
0	Dringing coou	Fort Worth, TX 76109-5436	Employer (See Instructions			
8	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Siy M.D., Linda (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	<u> </u>	Fort Worth, TX 76109-5436				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID#: Siy M.D., Linda (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Fort Worth, TX 76109-5436				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/11/2023	Full name of contributor out-of-state PAC (ID#:Siy M.D., Linda (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 31/34 Rpt: 34/37	
2	FILER NAME Texas Acade	ER NAME kas Academy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 07/28/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		El Paso, TX 79902-3234				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/28/2023	Full name of contributor out-of-state PAC (ID#: Spalding M.D., Mary (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dein sin al annu	El Paso, TX 79902-3234	England (On last with a			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/28/2023	Full name of contributor out-of-state PAC (ID#: Spalding M.D., Mary (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		El Paso, TX 79902-3234				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/28/2023	Full name of contributor out-of-state PAC (ID#:Spalding M.D., Mary (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79902-3234)		Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#: Spalding M.D., Mary (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79902-3234)		Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 32/34 Rpt: 35/37	
2	FILER NAME Texas Acade	ER NAME xas Academy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 12/28/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
		El Paso, TX 79902-3234				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#: Splinter M.D., Joshua (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occur	Athens, TX 75751-9003 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	valion / 300 title (See instructions)	Employer (See Instructions	,		
	Date 08/14/2023	Full name of contributor out-of-state PAC (ID#: Splinter M.D., Joshua (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Athens, TX 75751-9003				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:Splinter M.D., Joshua (Dr.) Contributor address; City; State; Zip Code Athens, TX 75751-9003)		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/14/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/34 Rpt: 36/37	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 11/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_		Athens, TX 75751-9003				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: Splinter M.D., Joshua (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Athens, TX 75751-9003 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		pie) e. (eeeeaasaa.e.	,		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#: Youens M.D., Robert (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Carmine, TX 78932-5245				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/28/2023	Full name of contributor out-of-state PAC (ID#:Youens M.D., Robert (Dr.) Contributor address; City; State; Zip Code Carmine, TX 78932-5245)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 34/34 Rpt: 37/37	
2	FILER NAME Texas Acade	FILER NAME Texas Academy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 08/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$40.00
_	District	Fort Worth, TX 76109-4707				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#: Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Fort Worth, TX 76109-4707 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	sation, con the (occ manualions)	Employer (dee mandenoria	,		
	Date 10/14/2023	Full name of contributor out-of-state PAC (ID#: Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Fort Worth, TX 76109-4707				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707			Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#:_Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707)		Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		