MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The	MPAC Instruction	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00016271	2 Total pages filed:78
3 C	OMMITTEE NAME			OFFICE USE ONLY
Ιт	exas Pharmacy A	ssociation PAC		
	, ,			Date Received ELECTRONICALLY FILED 02/05/2024
	OMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
A	DDRESS	3200 Steck Ave		
		Suite 370		
ΙΓ	Change of Address	Austin, TX 78757		Date Hand-delivered or Date Postmarked
5 0	AMPAIGN	MS / MRS / MR FIRST	MI	
	REASURER		1011	Receipt # Amount
N	IAME	Mrs. Debbie B		Anount Anount
				Data Dasaanad
		NICKNAME LAST	SUF	Date Processed
		Garza		Date Imaged
	AMPAIGN REASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	TREET	3200 Steck Ave.		
	DDRESS	Ste. 370		
(F	Residence or Business)	Austin, TX 78757		
7 C	AMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE
	REASURER		AFT/ 30112 #, CITT,	STATE, ZIF CODE
	IAILING	3200 Steck Ave.		
A	DDRESS	Ste. 370		
	Change of Address	Austin, TX 78757		
	AMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	REASURER	(510) 615 0170		
	HONE	(512) 615-9170		
9 R	EPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 N	IONTHLY			
	EPORT FILING	January 5 April	5 🛛 🗌 July 5	October 5
D	EADLINE			
		X February 5 May	5 August 5	November 5
		March 5 June	5 September 5	5 December 5
	ERIOD	Month Day Year	HROUGH Mor	nth Day Year
C	OVERED	12/26/2023	01/2	25/2024
		GO T	O PAGE 2	
Form	is provided by Tex	as Ethics Commission www.et	nics.state.tx.us	Version V3.5.1.9000c47f

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Pharmacy Assoc	iation PAC		0001627	1
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,012.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	148,450.55
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation requir	e accompanying report is red to be reported by me
		Mrs. Debl	oie B Garza	
		Signature of Ca	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c471

FORM MPAC COVER SHEET PG 3

3 of	78
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17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Ph	armacy Association PAC	00016271	
19 SCHEDUL	E SUBTOTALS		
NAME OF	SCHEDULE	SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,358.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 3,054.00
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 1,600.00
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	\$

SUBTOTALS - MPAC

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/70 Rpt: 4/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharr	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/03/2024	Abangan, Anna Rose		\$50.0
	6 Contributor address; City; State; Zip Code		
	Arlington, TX 76017-2781		
8 Principal occu Pharmacist	ipation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/09/2024	Abu-Baker, Asim		\$60.0
	Contributor address; City; State; Zip Code		
	Kingsville, TX 78363		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2024	Abu-Baker, Asim		\$50.0
	Contributor address; City; State; Zip Code		
	Kingsville, TX 78363		
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Acosta, Renee		\$50.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78701-1222		
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/04/2024	Adams, Amanda Contributor address; City; State; Zip Code		\$50.0
	Woodson, TX 76491-0304		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			

The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 2/70 Rpt: 5/78	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)	
01/16/2024	Aguilera, Lydia			\$50.00
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78502-4226			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
01/03/2024	Ahmad, Shawn			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78251-1717			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
01/03/2024	Al Hallaq, Mahdi			\$50.00
-	Contributor address; City; State; Zip Code			1 -
	Wylie, TX 75098-7008			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (II		Amount of Contribution (\$)	
01/03/2024	Albrecht, Linda			\$50.00
· · · · · · · · · · · · · · · · · · ·	Contributor address; City; State; Zip Code			400
	Arlington, TX 76016			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	())	
Pharmacist			,	
Date	Full name of contributor Out-of-state PAC (IE		Amount of Contribution (\$)	
01/03/2024	Aloysius, Kevin	J#		\$50.00
01,00,_0_	Contributor address; City; State; Zip Code			ψ 00 .02
	Continuation dualess, City, State, Lip Code			
	Houston, TX 77007-4348			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist)	
1				

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 3/70 Rpt: 6/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
01/20/2024			\$100.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78253-6283		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/03/2024			\$50.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3690		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/10/2024			\$50.00
	Contributor address; City; State; Zip Code		
	Athens, TX 75752-5752	· .	
-	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/31/2023	Arizpe, Anthony		\$50.00
	Contributor address; City; State; Zip Code		
	Cibolo, TX 78108-4012		
	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor Out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/03/2024	Arizpe, Michael		\$50.00
	Contributor address; City; State; Zip Code		
	Cibolo, TX 78108		
-	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 4/70 Rpt: 7/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharr	nacy Association PAC		00016271
4 Date 01/03/2024	5 Full name of contributor out-of-state PAC (ID Ash, Susan	#:)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code		
	Friendswood, TX 77546-4443		
8 Principal occu Pharmacist	pation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
01/03/2024	Ashley, Jeremy		\$50.00
	Contributor address; City; State; Zip Code		
	Bullard, TX 75757-0120		
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	Amount of Contribution (\$)
01/03/2024	Ashworth, Rebecca		\$50.00
	Contributor address; City; State; Zip Code Coppell, TX 75019-6122		
Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
12/31/2023	Atchley, Siobhan		\$50.00
	Contributor address; City; State; Zip Code		
	Blanco, TX 78606-0369		
Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
01/03/2024	Atwell, Christine Contributor address; City; State; Zip Code		\$50.00
	Fort Worth, TX 76137-5404		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/70 Rpt: 8/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharr	macy Association PAC		00016271
4 Date 01/03/2024	5 Full name of contributor out-of-state PAC (ID#: Bailey, Candice)	7 Amount of Contribution (\$) \$50.00
01,00,101	6 Contributor address; City; State; Zip Code		
	Sour Lake, TX 77659-7723		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Bates, Rebecca		\$50.00
	Jefferson, TX 75657-2205		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Pharmacist			,
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
01/02/2024	Bayer, Adam	/	\$100.00
0110212024	Contributor address; City; State; Zip Code		\$100.00
	Vernon, TX 76384-3165		
Principal occur	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Baytamouny, Anis		\$50.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75024-7317		
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/04/2024	Beall, Michelle		\$60.00
	Contributor address; City; State; Zip Code		
	Tatum, TX 75691-3769		
	upation / Job title (See Instructions)	Employer (See Instructions)	·)
Pharmacist			
		·	

The Instru	ction Guide explains how	to complete this f	orm.		Total pages Schedule A1: Sch: 6/70 Rpt: 9/78	
2 FILER NAME					Filer ID (Ethics Commission	Filers)
Texas Pharr	macy Association PAC				00016271	
4 Date 01/08/2024	5 Full name of contributor Beall, Michelle	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$10.00
	6 Contributor address; City; Sta	ate; Zip Code		ł		
	Tatum, TX 75691-3769					
8 Principal occu Pharmacist	upation / Job title (See Instructions))	9 Employer (See Instructions)	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
01/03/2024	Beall, Michelle	· -				\$50.00
	Contributor address; City; Sta			\mathbf{I}		
	Tatum, TX 75691-3769					
Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>ا</u> ۱)		
Pharmacist		, 		-,		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
01/03/2024	Beard, Elizabeth	—				\$50.00
	Contributor address; City; Sta Frisco, TX 75035-9200	ate; Zip Code				
Principal occu	pation / Job title (See Instructions))	Employer (See Instructions)	5)		
Pharmacist	·					
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
01/03/2024	Belfiglio, Valentine					\$50.00
	Contributor address; City; Sta	ate; Zip Code				
	Dallas, TX 75229-2629					
Principal occu Pharmacist	upation / Job title (See Instructions))	Employer (See Instructions)	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
01/03/2024	Benham, Stacey Contributor address; City; Sta	ate; Zip Code				\$50.00
	New Braunfels, TX 78132-	-4418				
Principal occu	pation / Job title (See Instructions))	Employer (See Instructions)	5)		
Pharmacist						

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 7/70 Rpt: 10/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharr	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
01/11/2024	Bennett, Jayla		\$50.00
	6 Contributor address; City; State; Zip Code		•
	Missouri City, TX 77459-1574		
	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>š</i>)
Pharmacist	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/03/2024	Bennett, Kimberly		\$50.00
	Contributor address; City; State; Zip Code		
	Katy, TX 77450-2142		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Pharmacist			"
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
01/03/2024	Full name of contributor out-of-state PAC (ID# Bhakta, Samir	<i>†</i> :)	\$50.00
01/00/2024	Contributor address; City; State; Zip Code		
	San Antonio, TX 78260-4417		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/03/2024	Bhakta, Vimal		\$50.00
	Contributor address; City; State; Zip Code		1
	Irving, TX 75063-4232		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/03/2024	Bidinotto, Andrew		\$50.00
	Contributor address; City; State; Zip Code		
1			
	North Richland Hills, TX 76182-7521		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			"
<u> </u>		<u> </u>	

	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 8/70 Rpt: 11/78	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		nacy Association PAC				00016271	
4	Date	5 Full name of contributor out-of-state	te PAC (ID#:)	7	Amount of Contribution (\$)	
	01/03/2024	Blythe, Elaine					\$50.00
		6 Contributor address; City; State; Zip Code	9				
		High Rolls Mountain Park, TX 88325-0	0873				
		ipation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor out-of-state	te PAC (ID#:)		Amount of Contribution (\$)	
	01/01/2024	Boboye, Law					\$4.00
		Contributor address; City; State; Zip Code					
		Arlington, TX 76017-1739					
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor out-of-state	te PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Bosse, Pamela					\$50.00
		Contributor address; City; State; Zip Code					
		Sugar Land, TX 77498-2432	r				
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist						
	Date		te PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Boyd, Bethany					\$50.00
		Contributor address; City; State; Zip Code					
		Allen, TX 75013-8523	<u> </u>		Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist				-		
	Date		te PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Brown, Judith					\$50.00
		Contributor address; City; State; Zip Code)				
		August TV 70765 4744					
	Drin sinel eeeu	Austin, TX 78765-4744		Englisher (Cas Instructions	Ĺ		
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist						
1							

	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 9/70 Rpt: 12/78	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		macy Association PAC			00016271	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	01/03/2024	Bubis, Janet				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75248-5424				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	01/24/2024	Bueche, Jay				\$60.00
		Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78132-2927				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
_	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	01/03/2024	Bujnoch, Kelly	··			\$50.00
		Contributor address; City; State; Zip Code	,	1		
		College Station, TX 77845-8913				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
	01/08/2024	Buras, Lynde	T		, and and or exercise 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	\$60.00
	02,02.2	Contributor address; City; State; Zip Code		•		Ŧ
		Contributor address, Gity, State, Lip Code				
		College Station, TX 77845-5560				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Pharmacist	,		-,		
╞	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Т	Amount of Contribution (\$)	
	01/03/2024	Buras, Lynde	۲۲			\$50.00
	01/00/202 .	Contributor address; City; State; Zip Code		•		Ψ00.00
		Continuouol address, City, State, Zip Code				
		College Station, TX 77845-5560				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Pharmacist			5)		
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The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 10/70 Rpt: 13/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	3)
	nacy Association PAC		00016271)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/01/2024	Burney, Cheryl		\$4	4.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77231-1219			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/03/2024	Byerly, Angela		\$50	0.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77706-7265			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	_
12/31/2023	Calhoon, Thomas			0.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76016-5890			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Campbell, Marilyn			0.00
	Contributor address; City; State; Zip Code			
	Concan, TX 78838-0317			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
01/01/2024	Cannon, LaVonia			4.00
	Contributor address; City; State; Zip Code			
	Richmond, TX 77407-4036			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>	
Pharmacist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/70 Rpt: 14/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	5)
	nacy Association PAC		00016271	"
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/03/2024	Canon, Kimberly		\$50	0.00
	6 Contributor address; City; State; Zip Code			
	White Oak, TX 75693-3057			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Carruthers, Robert		\$4	4.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79118-1140			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Carvajal, Charles		\$50	0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78214			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Cauthon, Kimberly		\$50	0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249-4625			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/23/2024	Cervantes, Adrian		\$60	0.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78552-6232			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				

The Instru	iction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 12/70 Rpt: 15/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharr	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/01/2024	Cheatheam, Jamie		\$4.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76108-6988		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Chesler, Adam		\$50.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75254-8518		
	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/31/2023	Chhadua, Raj		\$50.00
	Contributor address; City; State; Zip Code		
	Friend TV 75024 0051		
Dringing occu	Frisco, TX 75034-0051	Employer (See Instructions)	<u></u>
Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/03/2024	Ching, Rannon		\$50.00
1	Contributor address; City; State; Zip Code		
1			
1			
L	Austin, TX 78738-6067		
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024	Clark, Lauren		\$60.00
1	Contributor address; City; State; Zip Code		
1			
1			
	Austin, TX 78757-8213		
	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			

The Instru	ction Guide explains how to complete this	; form.	1 Total pages Schedule A1: Sch: 13/70 Rpt: 16/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
01/18/2024	Comfort, Mark		\$60.0
	6 Contributor address; City; State; Zip Code		
	Austin TV 70720 6470		
Principal occu	Austin, TX 78729-6479 Ipation / Job title (See Instructions)	9 Employer (See Instructions	>>
Pharmacist			<i>י</i>
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/01/2024	Compean, Deborah		\$4.0
	Contributor address; City; State; Zip Code		
	El Paso, TX 79938-4850		<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/09/2024			\$50.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78730-3454		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L 3)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/08/2024	Daggett, Jacob	Ĩ	\$50.0
	Contributor address; City; State; Zip Code		
		Ĩ	
	Keller, TX 76248		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			,
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
01/12/2024	Dam, Vinh		\$4.0
	Contributor address; City; State; Zip Code		
	Aledo, TX 76008		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;;)
Pharmacist			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/70 Rpt: 17/78	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2024				\$50.00
	6 Contributor address; City; State; Zip Code			
	Katy, TX 77450-3684			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024				\$50.00
	Contributor address; City; State; Zip Code			
- · · ·	San Antonio, TX 78261-2629		-	
	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Davani, Saeid			\$50.00
	Contributor address; City; State; Zip Code			
	Diama TV 75002 7545			
Dringing opp	Plano, TX 75093-7545		、 、	
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* 1 00
01/01/2024	Davis, Rachel			\$4.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77056-4017			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist)	
			() () and the strenge ()	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	<u>ቀ</u> 1 00
01/01/2024				\$4.00
	Contributor address; City; State; Zip Code			
	Waxahachie, TX 75165-1590			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist)	
Thannaoice				

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 15/70 Rpt: 18/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
	nacy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)	
01/03/2024	Day, Arjun		\$50	0.00
	6 Contributor address; City; State; Zip Code		1	
	Houston, TX 77024-4011			
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
01/15/2024	Dee, Dawn		\$50	0.00
	Contributor address; City; State; Zip Code		1	
	-			
	Keller, TX 76248-2643			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (IE		Amount of Contribution (\$)	
01/03/2024	Delaney, Bradley			0.00
	Contributor address; City; State; Zip Code		4	
	Georgetown, TX 78628-3151			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
01/03/2024	Dembny, Christopher			0.00
	Contributor address; City; State; Zip Code		1	
	Rowlett, TX 75089-8689			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (IE		Amount of Contribution (\$)	
01/18/2024	Douglas, Will		\$50	0.00
	Contributor address; City; State; Zip Code		1	
	Dallas, TX 75219-4153			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	۲ ۶)	
Pharmacist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/70 Rpt: 19/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	s)
	nacy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2024	Doyle, Dana		\$5	50.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77096-1430			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/01/2024	Dozier, Dawn)		\$4.00
01/01/2021			•	1.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584-7210			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>, </u>	
Pharmacist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/29/2023	Driscoll, Michelle		\$2	25.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77302-4721			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/10/2024	Driscoll, Michelle		\$5	50.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77302-4721			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:	<u>ا</u>	Amount of Contribution (\$)	
01/01/2024	Driver, Patricia)		\$4.00
01/01/2024			•	-1.00
	Contributor address; City; State; Zip Code			
	Channelview, TX 77530-4559			
Dringing oper		Employor (Soo Instructions)		
Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions))	

The Instru	ction Guide explains how to complete this f	[;] orm.	1 Total pages Schedule A1: Sch: 17/70 Rpt: 20/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/03/2024	Dubose, David		\$50.00
	6 Contributor address; City; State; Zip Code		
	Livingston, TX 77351-9397		
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/01/2024	Duhon, Kate		\$4.00
	Contributor address; City; State; Zip Code		
D in single and	Austin, TX 78739-1614		<u> </u>
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024			\$50.00
	Contributor address; City; State; Zip Code		
	El Paso, TX 79930-4710		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Pharmacist			,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Edmundson, Laura		\$50.00
	Contributor address; City; State; Zip Code		
	Lufkin, TX 75904-4521		
	upation / Job title (See Instructions)	Employer (See Instructions)	<i>)</i>)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/03/2024	Ehringer, Kari		\$50.00
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034-4732		
Principal occu		Employer (See Instructions)	
Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions)	() (

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/70 Rpt: 21/78	
2	FILER NAME				Filer ID (Ethics Commission	Filers)
-		nacy Association PAC		1	00016271	1 11010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/03/2024	Elliott, Robin				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77007-8417				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/11/2024	Emfinger, Robert				\$50.00
		Contributor address; City; State; Zip Code		1		
		Kemp, TX 75143-0569				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Emokah-Uwagboe, Ifeoma				\$50.00
		Contributor address; City; State; Zip Code		1		
		Richmond, TX 77407-2960				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Esse, Tara				\$50.00
		Contributor address; City; State; Zip Code				
		Fair Oaks Banch TX 79015 9205				
	Dringinglage	Fair Oaks Ranch, TX 78015-8305				
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Filaimacisi					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Eubanks, Charles				\$50.00
		Contributor address; City; State; Zip Code				
		Tyler TV 75707 2910				
	Drinoinal asso	Tyler, TX 75707-3810	Employer (Soo Instructions	<u> </u>		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	i nannacist					

The Instru	ction Guide explains how to complete this	; form.	1 Total pages Schedule A1: Sch: 19/70 Rpt: 22/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharr	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
01/03/2024			\$50.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78739-1978		
8 Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Pharmacist	, , , , , , , , , , , , , , , , , , ,		''
Date	Full name of contributor Out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/11/2024	Fat-Anthony, William	··	\$4.00
			•
	Mission, TX 78574-1202		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/03/2024	Fite, Tamber		\$50.00
	Contributor address; City; State; Zip Code		1
	Waco, TX 76708-5729		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Pharmacist))
Date	Full name of contributor Out-of-state PAC (ID#	#·)	Amount of Contribution (\$)
01/08/2024	Fix, Jennifer	+/	\$50.00
01,00,201	Contributor address; City; State; Zip Code		
	Burleson, TX 76028-6728		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/03/2024	Fogan, Dede		\$50.00
	Contributor address; City; State; Zip Code		1
	Melissa, TX 75454-1402		
	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Pharmacist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/70 Rpt: 23/78	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2024				\$50.00
	6 Contributor address; City; State; Zip Code			
	Willis, TX 77318-5857			
8 Principal occu Pharmacist	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Date)	Amount of Contribution (\$)	
01/03/2024				\$50.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75231-4836			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist)	
		<u> </u>	Amount of Contribution (ft)	
Date 01/06/2024	Full name of contributor out-of-state PAC (ID#: Fry, Wilson)	Amount of Contribution (\$)	\$60.00
01/00/2024	-			Φ00.00
	Contributor address; City; State; Zip Code			
	San Benito, TX 78586-5006			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Fuentes, Omar			\$50.00
	Contributor address; City; State; Zip Code			
	Bastrop, TX 78602-3219			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Garcia-Trevino, Jason			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78222-4904			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 21/70 Rpt: 24/78	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
01/08/2024	Garling, Kristin			\$50.00
	6 Contributor address; City; State; Zip Code			
	Paige, TX 78659-4313			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Pharmacist	•	•••	, ,	
Date	Full name of contributor Out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/03/2024	Gartenhaus, Jane	#·/	Amount of Contribution (4)	\$50.00
01,00,202.				ΨΟ0.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76013-2929			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Pharmacist)	
			Amount of Contribution (¢)	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	ቀደብ በበ
01/03/2024	Gaskill, Brian			\$50.00
	Contributor address; City; State; Zip Code			
	Tom Boon, TV 75/00 0006			
Dringing oog	Tom Bean, TX 75489-0896		\	
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))	
			r	
Date	Full name of contributor Out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/03/2024	George, Kevin			\$50.00
	Contributor address; City; State; Zip Code			
	Evant, TX 76525-7000			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor Dut-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/03/2024	Gibbs, Elizabeth			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78736-1935			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

The Instru	ction Guide explains how to comp	blete this form.	1 Total pages Schedule A1:
			Sch: 22/70 Rpt: 25/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date		tate PAC (ID#:)	7 Amount of Contribution (\$)
01/10/2024	Gibson, Aaron		\$200.0
	6 Contributor address; City; State; Zip Coo	de	
	Andrews, TX 79714-3618		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructio	ons)
Pharmacist			
Date	Full name of contributor out-of-st	tate PAC (ID#:)	Amount of Contribution (\$)
01/02/2024	Gilbert, Mark		\$50.0
	Contributor address; City; State; Zip Cod	de	
	Argyle, TX 76226-3101		
	upation / Job title (See Instructions)	Employer (See Instructio	ons)
Pharmacist			
Date		tate PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Ginsburg, Diane		\$50.0
	Contributor address; City; State; Zip Coo	de]
	Austin, TX 78712-1113		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructio	nne)
Pharmacist			(s)
Date	Full name of contributor	tate PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Glover, Cynthia		\$50.0
01/00/202	Contributor address; City; State; Zip Coo	ЧР	
	Austin, TX 78759-3602		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructio	ons)
Pharmacist			
Date	Full name of contributor out-of-st	tate PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Goeders, Sarah		\$50.0
	Contributor address; City; State; Zip Coo	de	
	Tyler, TX 75701-7713		
	upation / Job title (See Instructions)	Employer (See Instructio	ons)
Pharmacist			
1			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 23/70 Rpt: 26/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
	macy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/23/2024	Gonzales, Karen		\$10	0.00
	6 Contributor address; City; State; Zip Code			
	Temple, TX 76502-4119			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/03/2024	Gonzalez, Romeo		\$50	0.00
	Contributor address; City; State; Zip Code			
	Alice, TX 78332-4220			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/03/2024	Gordy, Denice		\$50	0.00
	Contributor address; City; State; Zip Code			
	Kelly, TX 71441-2028			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
01/03/2024	Gourley, Derek		\$50	0.00
	Contributor address; City; State; Zip Code			
	Perryton, TX 79070-5324			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) 	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/03/2024	Graves, Erin		\$50	0.00
	Contributor address; City; State; Zip Code			
	Willis, TX 77378-8827			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/70 Rpt: 27/78	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/03/2024				\$50.00
	6 Contributor address; City; State; Zip Code			
	McKinney, TX 75070-7372			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Gray, Tammy			\$50.00
	Contributor address; City; State; Zip Code			
	Buda, TX 78610-3437			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<i>s</i>)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/29/2023	Greely, Robert			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78746-7864			
-	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/01/2024	Greenwood, Matthew			\$4.00
	Contributor address; City; State; Zip Code			
	Woodville, TX 75979-6217	· · · · · · · · ·		
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
01/05/2024	Griggs, Sabrina			\$50.00
	Contributor address; City; State; Zip Code			
	Kerrville, TX 78028-8413			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
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The Instru	ction Guide explains how to	o complete this f	orm.	1	Total pages Schedule A1: Sch: 25/70 Rpt: 28/78	
2 FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
Texas Pharr	macy Association PAC				00016271	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
01/01/2024	Guidry, Greg	-				\$4.00
	6 Contributor address; City; State	e; Zip Code		1		
C Dringing ago	Leander, TX 78641-4267		Employer (See Instructions	<u> </u>		
Principal occu Pharmacist	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
01/18/2024	Gunter, Christina		/			\$50.00
	Contributor address; City; State	e [.] 7in Code				**
		5, Zip 0000				
	Austin, TX 78738-6387					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Pharmacist						
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/25/2024	Gurley, Patrick					\$50.00
	Contributor address; City; State	e; Zip Code		1		
Dringing and	Pflugerville, TX 78660		Englisher (Cas Instructions	Ĺ		
Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
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Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀርሳ ሰብ
01/03/2024	Guyer, Lucila	~ ~ .				\$50.00
	Contributor address; City; State	e; Zip Code				
	San Antonio, TX 78247-512	9				
Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	1 5)		
Pharmacist						
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
01/19/2024	Hagens, Debra	-				\$50.00
	Contributor address; City; State	e; Zip Code				
ĺ		· ·				
	Austin, TX 78756-3212					
-	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
Pharmacist						

	The Instru	ction Guide explains how to co	omplete this fe	orm.	1	Total pages Schedule A1: Sch: 26/70 Rpt: 29/78	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
_		nacy Association PAC			-	00016271	
4	Date	5 Full name of contributor 🗌 ou	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/01/2024	Hakam, Amer					\$4.00
		6 Contributor address; City; State; Zi	ip Code				
		1					
		1					
		Peoria, TX 85383-6668					
8		pation / Job title (See Instructions)		9 Employer (See Instructions))		
	Pharmacist						
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/04/2024	Hallak, Nabil					\$50.00
		Contributor address; City; State; Zi					
		1					
		1					
		Frisco, TX 75035-8498					
		pation / Job title (See Instructions)		Employer (See Instructions))		
	Pharmacist						
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Hammad, Eman					\$50.00
		Contributor address; City; State; Zi	ip Code				
		1					
		Round Rock, TX 78681-2198					
		pation / Job title (See Instructions)		Employer (See Instructions))		
	Pharmacist						
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Hampton, Lee Ann					\$50.00
		Contributor address; City; State; Zi					
		Detroit, TX 75436-4500					
		pation / Job title (See Instructions)		Employer (See Instructions))		
	Pharmacist						
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Haney, David					\$50.00
		Contributor address; City; State; Zi					
		1					
		Vidor, TX 77662-3739					
		pation / Job title (See Instructions)		Employer (See Instructions))		
	Pharmacist			<u> </u>			
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Texas Pharmacy Association PAC 00016271	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 27/70 Rpt: 30/78	
4 Date 5 Full name of contributor out-of state PAC (D#	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
01J03/2024 Hanson, Kimberly \$50.00 6 Contributor address; City; State; Zip Code \$50.00 7 Principal occupation / Job title (See Instructions) Planmacist Date Full name of contributor out of-state PAC (ID#) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Full name of contributor out of-state PAC (ID#) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Pharmacist Full name of contributor out of-state PAC (ID#) Amount of Contribution (S) Date Full name of contributor out of-state PAC (ID#) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Pharmacist Full name of contributor out of-state PAC (ID#	Texas Pharr	macy Association PAC			
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6 Contributor address; City; State; Zip Code 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Full name of contributor 01/03/2024 Full name of contributor 1 Amount of Contribution (\$) 2 Full name of contributor 01/03/2024 Full name of contributor 1 Out-of-state PAC (Der 1 Had, Yun Contributor address; City, State; Zip Code 1 Houston, TX 77045-2109 Principal occupation / Job title (See Instructions) Pharmacist Date Full name of contributor 01/03/2024 Full name of contributor Netword Contributor address; City, State; Zip Code Kingwood, TX 77345-3010 Employer (See Instructions) Pharmacist Employer (See Instructions) 01/03/2024 Full name of contributor auc-of-state PAC (Der 01/03/2024 Full name of contributor auc-of-state PAC (Der 01/03/2024 Harrel, Nicholas Sto.00 Contributor address; City; State; Zip Code	01/03/2024			\$50	0.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Amount of Contribution (S) 01/03/2024 Hao, Yun \$50.00 01/03/2024 Hao, Yun Stoppen (Contributor address; City; State; Zip Code Houston, TX 77045-2109 Full name of contributor Out of-state PAC (Der Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor Out of-state PAC (Der 01/03/2024 Hardin-Oliver, Carole Amount of Contribution (S) 01/03/2024 Hardin-Oliver, Carole Stopper (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Pharmacist Employer (See Instructions) Pharmacist Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor Out-of-state PAC (Der 01/03/2024 Harrel, Nicholas Stopper (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist					
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01/03/2024 Harrel, Nicholas \$50.00 Contributor address; City; State; Zip Code Kingsville, TX 78364-1437 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor 01/17/2024 Full name of contributor Hattaway, Steven Amount of Contribution (\$) Contributor address; City; State; Zip Code \$50.00 Montgomery, TX 77356-3725 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	-		[········	, ,	
01/03/2024 Harrel, Nicholas \$50.00 Contributor address; City; State; Zip Code Kingsville, TX 78364-1437 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor 01/17/2024 Full name of contributor Hattaway, Steven Amount of Contribution (\$) Contributor address; City; State; Zip Code \$50.00 Montgomery, TX 77356-3725 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Kingsville, TX 78364-1437 Principal occupation / Job title (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor on out-of-state PAC (ID#:) Amount of Contribution (\$) 01/17/2024 Hattaway, Steven \$50.00 Contributor address; City; State; Zip Code Montgomery, TX 77356-3725 \$mployer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)					0.00
Kingsville, TX 78364-1437 Principal occupation / Job title (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor on out-of-state PAC (ID#:) Amount of Contribution (\$) 01/17/2024 Hattaway, Steven \$50.00 Contributor address; City; State; Zip Code Montgomery, TX 77356-3725 \$mployer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		Contributor address: City: State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/17/2024 Hattaway, Steven Contributor address; City; State; Zip Code Amount of Contribution (\$) Montgomery, TX 77356-3725 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/17/2024 Hattaway, Steven Contributor address; City; State; Zip Code Amount of Contribution (\$) Montgomery, TX 77356-3725 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Pharmacist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/17/2024 Hattaway, Steven \$50.00 Contributor address; City; State; Zip Code Montgomery, TX 77356-3725 \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		Kingsville, TX 78364-1437			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/17/2024 Hattaway, Steven \$50.00 Contributor address; City; State; Zip Code Montgomery, TX 77356-3725 Principal occupation / Job title (See Instructions) Employer (See Instructions)	-	pation / Job title (See Instructions)	Employer (See Instructions))	
01/17/2024 Hattaway, Steven \$50.00 Contributor address; City; State; Zip Code Montgomery, TX 77356-3725 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Pharmacist				
Contributor address; City; State; Zip Code Montgomery, TX 77356-3725 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Montgomery, TX 77356-3725 Principal occupation / Job title (See Instructions) Employer (See Instructions)	01/17/2024	Hattaway, Steven		\$50	0.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Pharmacist	-	pation / Job title (See Instructions)	Employer (See Instructions))	
	Pharmacist				

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/70 Rpt: 31/78	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/05/2024	Hayden, Lauren		9	\$60.00
	6 Contributor address; City; State; Zip Code			
	Boerne, TX 78015-6580			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/17/2024	Heffley, Karen		9	\$50.00
	Contributor address; City; State; Zip Code			
	Whitesboro, TX 76273-8094			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/31/2023	Henneke, Judi		9	\$50.00
	Contributor address; City; State; Zip Code			
	Weimar, TX 78962-3680			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Hickman, Frances		9	\$50.00
	Contributor address; City; State; Zip Code			
D in sin al a serv	McKinney, TX 75070-3706		、 、	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Hicks, Mary		4	\$50.00
	Contributor address; City; State; Zip Code			
	Fort Morth TV 76244 5290			
Dringing loogu	Fort Worth, TX 76244-5288	Employer (Cap Instructions)	N	
Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions))	
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 29/70 Rpt: 32/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/16/2024	High, W. Carter		\$100.00
	6 Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76244-6648		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Hill, Lucas		\$50.00
			•
	Buda, TX 78610-4993		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
01/03/2024	Hinze, Holly	/	\$50.00
			•
	Nacogdoches, TX 75965-2845		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/08/2024	Hobart, Christopher		\$60.00
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79423-6165		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/08/2024	Hoffart, Steven		\$50.00
	Contributor address; City; State; Zip Code		•
	Magnolia, TX 77354		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			
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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/70 Rpt: 33/78	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
	macy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/12/2024	Horton, Ed			\$2,000.00
	6 Contributor address; City; State; Zip Code			
2 Drizzinal agai	Stephenville, TX 76401-1705		、 、	
8 Principal occu Pharmacist	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Hrna, Daniel			\$50.00
	Contributor address; City; State; Zip Code			
	Smithville, TX 78957			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024				\$50.00
	Contributor address; City; State; Zip Code			
	Richmond, TX 77406-2041			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Hughes, Michael			\$4.00
	Contributor address; City; State; Zip Code			
	Seabrook, TX 77586-2822			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Hung, Leo			\$50.00
	Contributor address; City; State; Zip Code			
	Pecos, TX 79772-6311			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
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The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 31/70 Rpt: 34/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Texas Pharr	macy Association PAC		00016271	
4 Date 01/03/2024	5 Full name of contributor out-of-state PAC (ID#: Hunter, James)	7 Amount of Contribution (\$)\$50.00	
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79606-3218			
8 Principal occu Pharmacist	upation / Job title (See Instructions)	9 Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/26/2023	Hwang, Kyuwon		\$50.00	
	Contributor address; City; State; Zip Code			
	Buda, TX 78610-2199			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Icard, David		\$4.00	
	Contributor address; City; State; Zip Code Tomball, TX 77375-4867			
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	lvy, Delaney		\$50.00	
	Contributor address; City; State; Zip Code			
L	Temple, TX 76502-8729			
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/12/2024	James, Cijo		\$50.00	
	Contributor address; City; State; Zip Code Mission, TX 78572-7161			
Bringinal occu		Employer (See Instructions		
Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions)	·)	
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The all the advant			1 Total pages Schedule A1:
The instruc	iction Guide explains how to complete this f	orm.	Sch: 32/70 Rpt: 35/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharn	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/03/2024	John, Jobby		\$50.00
	6 Contributor address; City; State; Zip Code		
	Bee Cave, TX 78738-6387		
8 Principal occu	Lupation / Job title (See Instructions)	9 Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Johnson, Emery		\$50.00
	Contributor address; City; State; Zip Code		
	Allen, TX 75013-4659		-
-	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/01/2024	Jones, Jeri		\$4.00
	Contributor address; City; State; Zip Code		
	Katy, TX 77450-5128		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/01/2024	Joseph, Jaimol		\$4.00
	Contributor address; City; State; Zip Code		
	Missouri City, TX 77459-7325		
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))
	<u> </u>	 	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/01/2024	Joseph, Stephanie		\$4.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581-8835		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
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The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 33/70 Rpt: 36/78		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
Texas Pharmacy Association PAC					00016271		
4 Date	5 Full name of contributor	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)		
01/01/2024	Kadivi, Kyle					\$4.00	
	6 Contributor address; City; State; Zip Code						
	Frisco, TX 75034-2646						
8 Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	5)			
Pharmacist							
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)		
01/03/2024	Kainer, James					\$50.00	
	Contributor address; City; State; Zip Code						
	East Bernard, TX 77435-9						
	pation / Job title (See Instructions))	Employer (See Instructions	5)			
Pharmacist							
Date	Full name of contributor out-of-state PAC (ID#:)			Γ	Amount of Contribution (\$)		
01/01/2024	Kandi, Sirisha					\$4.00	
	Contributor address; City; Sta]			
	Coppell, TX 75019-5985						
Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u>			
Pharmacist				<i>,</i>			
Date	Full name of contributor)	Γ	Amount of Contribution (\$)		
01/18/2024	Full name of contributor out-of-state PAC (ID#:) Killam-Worrall, Lisa					\$60.00	
01/10/202 .	Contributor address; City; State; Zip Code					Ψ00.00	
		ale, zip coue					
	Saginaw, TX 76131-2911						
Principal occupation / Job title (See Instructions) Employer (See Instruction				5)			
Pharmacist							
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
01/03/2024	Killam-Worrall, Lisa					\$50.00	
	Contributor address; City; State; Zip Code			1			
	Saginaw, TX 76131-2911						
Principal occupation / Job title (See Instructions)			Employer (See Instructions	5)			
Pharmacist							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/70 Rpt: 37/78	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2024	Kilson, Sandra			\$50.00
	6 Contributor address; City; State; Zip Code			
	Pipe Creek, TX 78063-0001			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Kim, Grace			\$4.00
	Contributor address; City; State; Zip Code			
	Lantana, TX 76226-8904			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/19/2024	Klein, Mary			\$25.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79602-8181			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Klein, Mary			\$50.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79602-8181			
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Kleinschmidt, Anna			\$50.00
	Contributor address; City; State; Zip Code			
	Lexington, TX 78947-4939			
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/70 Rpt: 38/78	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	nacy Association PAC		00016271	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2024	Knotts, Karen			\$50.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76207-1675			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/02/2024	Koontz, Thomas			\$50.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76132-7108			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/20/2024	Krasner, Larry			\$50.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75248-1451			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
01/01/2024	Kubosh, Kristi			\$4.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214-5422		<u> </u>	
Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷=0.00
01/03/2024	Lacy, Brett			\$50.00
	Contributor address; City; State; Zip Code			
	Can Antonia TV 79210 1216			
Drizsingl appu	San Antonio, TX 78210-4346		<u> </u>	
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 36/70 Rpt: 39/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/16/2024	Lane, Kim		\$50.
	6 Contributor address; City; State; Zip Code		
	Shavano Park, TX 78231-1543		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Pharmacist	``````````````````````````````````````		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/01/2024	Lawani Naylor, Hanifath		\$4.
	Contributor address; City; State; Zip Code		
	Los Fresnos, TX 78566-7921		
	pation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Lawson, Kenneth		\$50.
	Contributor address; City; State; Zip Code		
	Augetia TV 70720 1020		
D in simple and	Austin, TX 78739-1639		<u>,</u>
Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Le, Hannah		\$50.
	Contributor address; City; State; Zip Code		
	Dallas, TX 75230-2071		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/26/2023	Lee, George		\$50.
	Contributor address; City; State; Zip Code		
	Houston, TX 77059-3226		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			

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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 37/70 Rpt: 40/78	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	macy Association PAC		00016271	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/01/2024	Lee, Grace			\$4.00
	6 Contributor address; City; State; Zip Code			
	Richardson, TX 75081-4990			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Lee, Jo			\$50.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035-3613			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Lee, Jung			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77062-2354			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Lingam, Sravanthi			\$4.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75028-1466			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Loesch, Jeffrey			\$50.00
	Contributor address; City; State; Zip Code			
	Trophy Club, TX 76262-1570			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	1			

The Ir	nstruction Guide explains h	ow to complete this f	form.	1 Total pages Schedule A1: Sch: 38/70 Rpt: 41/78	
2 FILER	NAME			3 Filer ID (Ethics Commission	n Filers)
	Pharmacy Association PAC			00016271	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/					\$50.00
	6 Contributor address; City	; State; Zip Code			
	Austin, TX 78757-3017				
	al occupation / Job title (See Instruction	ons)	9 Employer (See Instructions))	
Pharm	acist				
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/31/	2023 Lucas, Alexander				\$50.00
	Contributor address; City				
	Luling, TX 78648-2317				
	al occupation / Job title (See Instruction	ons)	Employer (See Instructions))	
Pharm	acist				
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/	-				\$50.00
	Contributor address; City	; State; Zip Code			
	New Braunfels, TX 781				
	al occupation / Job title (See Instruction	ons)	Employer (See Instructions))	
Pharm	acist				
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/					\$50.00
	Contributor address; City	; State; Zip Code			
	Normangee, TX 77871				
	al occupation / Job title (See Instruction	ons)	Employer (See Instructions))	
Pharm	acist				
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/					\$50.00
	Contributor address; City				
	San Antonio, TX 78209				
	al occupation / Job title (See Instruction	ons)	Employer (See Instructions)	.)	
Pharm	acist				
			<u> </u>		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 39/70 Rpt: 42/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/03/2024			\$50	.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78251-1733			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions		
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024			\$50	.00
	Contributor address; City; State; Zip Code			
	Victoria, TX 77904-3309			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024			\$50	.00
	Contributor address; City; State; Zip Code			
	McKinney, TX 75071-3477			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;) ;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024			\$4	.00
	Contributor address; City; State; Zip Code			
	Andrews, TX 79714-2602			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	McGowan, Samantha		\$50	.00
	Contributor address; City; State; Zip Code			
	Wolfforth, TX 79382-2854			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacist				

			1 Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this f	orm.	Sch: 40/70 Rpt: 43/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
Texas Pharm	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/18/2024	McGraw, Robyn		\$5	50.00
	6 Contributor address; City; State; Zip Code			
	Corsicana, TX 75110-2857			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/15/2024	McKeefer, Haley		\$1	10.00
	Contributor address; City; State; Zip Code			
	5-# Worth TV 76170 1570			
Dringing ago	Fort Worth, TX 76179-1579		\	
Principal occu Student	upation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/18/2024	McMahon, Linda		\$6	60.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75093-4529			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist)	
Date	Full name of contributorout-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
01/03/2024	McMahon, Linda)		50.00
01/00/202 .	Contributor address; City; State; Zip Code		÷	10.00
	Contributor address, City, State, Zip Code			
	Plano, TX 75093-4529			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/15/2024	McNeeley, Terry			50.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75010-4468			
-	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
		<u> </u>		

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 41/70 Rpt: 44/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)	
01/03/2024	McShane, Maureen		\$5	50.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78759-6268			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
01/13/2024	Mcanally, Bruce		\$15	50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-3211			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/11/2024	Mcnabb, Benjamin			00.00
	Contributor address; City; State; Zip Code			
	Eastland, TX 76448-2245			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#	· :)	Amount of Contribution (\$)	
12/31/2023	Mcnabb, Benjamin		\$5	50.00
	Contributor address; City; State; Zip Code			
	Eastland, TX 76448-2245			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#	·)	Amount of Contribution (\$)	
01/01/2024	Meigs, Wendy		\$5	50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77068-2061			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/70 Rpt: 45/78	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	nacy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/17/2024	Meyers, Cynthia		\$	\$50.00
	6 Contributor address; City; State; Zip Code			
	Santa Fe, TX 87507			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Meynard, Tara		\$	\$50.00
	Contributor address; City; State; Zip Code			
	Hurst, TX 76054-1916			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/13/2024	Mielke, Terry		9	\$50.00
	Contributor address; City; State; Zip Code			
	Humble, TX 77346-1782			
	pation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist				
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Milligan, Janis		9	\$50.00
	Contributor address; City; State; Zip Code			
	Cypress, TX 77433-4067			
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Mitchell, Julie		\$	\$50.00
	Contributor address; City; State; Zip Code			
	Rockport, TX 78382-7781			
-	pation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist				

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	form.	Sch: 43/70 Rpt: 46/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharm	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/01/2024	Montalbano, Christopher		\$4.00
	6 Contributor address; City; State; Zip Code		
	Bay St Louis, TX 39521-3736		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/24/2024	Moody, Warren		\$50.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77282-0282		
	pation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/31/2023	Moore, Joshua		\$50.00
	Contributor address; City; State; Zip Code		
	Tulia TV 70000 2747		
Dringing occu	Tulia, TX 79088-2747	Employer (Soo Instructions)	
Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions))
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/01/2024	Morgan, Jerry(Jay)		\$4.00
	Contributor address; City; State; Zip Code		
	Texarkana, TX 71854-8169		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist)
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
01/01/2024	Morrow, Lesli	/	\$4.00
	Contributor address; City; State; Zip Code		- ···-
	Contributor address, City, State, Zip Code		
	Mansfield, TX 76063-5443		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			

The Instruction	on Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 44/70 Rpt: 47/78	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	cy Association PAC		00016271	
4 Date 5	Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/24/2024	Mosher, Martha			\$25.00
6	Contributor address; City; State; Zip Code			
	El Paso, TX 79925-6728			
Principal occupati		9 Employer (See Instructions)	<u> </u>	
Pharmacist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/24/2024	Mosher, Martha			\$50.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79925-6728			
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Moussallie, George			\$4.00
	Contributor address; City; State; Zip Code			
	Edgewood, TX 98371-1408			
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/21/2024	Muniz, Michael			\$60.00
	Contributor address; City; State; Zip Code			
	-			
	Harlingen, TX 78550-6262			
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/12/2024	Muniz, Michael			\$50.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550-6262			
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 45/70 Rpt: 48/78	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
01/01/2024	Murhammer, Payal			\$4.00
	6 Contributor address; City; State; Zip Code			
	Flower Mound, TX 75028-3793			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/03/2024	Musgrove, Melvin			\$50.00
	Clifton, TX 76634-3945			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
01/03/2024	Nagarsheth, Kunal	/		\$50.00
· · · · · · · · · · · · · · · · · · ·				YUU
	Austin, TX 78759-4695			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist			, ,	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
01/03/2024	Nam, Gubeom	,		\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78729-1777			
Principal occu	Lupation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	· · ·			
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
01/03/2024	Neale, Jeff	/		\$50.00
	Contributor address; City; State; Zip Code			4 - 1
	Seabrook, TX 77586-1822			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist)	

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 46/70 Rpt: 49/78	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
01/03/2024	Neill, Catherine			\$50.00
	6 Contributor address; City; State; Zip Code			
	Conroe, TX 77384-3348			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Pharmacist			/	
Date	Full name of contributor Out-of-state PAC (ID;	#:)	Amount of Contribution (\$)	
01/03/2024	Ngo, Caroline	///	(+)	\$50.00
	Pearland, TX 77581-2301			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/03/2024	Nguyen, Darlene			\$50.00
	Contributor address; City; State; Zip Code			
Duin single age	Austin, TX 78759-8153		<u>`</u>	
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	ቀርሳ ሰብ
01/03/2024				\$50.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024-3986			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/03/2024	Nguyen, Nhat			\$50.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75063-6001			
-	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				

	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 47/70 Rpt: 50/78
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		nacy Association PAC		00016271
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	01/03/2024	Nguyen, Thuong		\$50.00
	1	6 Contributor address; City; State; Zip Code		1
	I			
		Irving, TX 75039-3933		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Pharmacist			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	01/03/2024	Norman, Trevor		\$50.00
	I			
	I			
	I			
	I	Argyle, TX 76226-1755		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I
	Pharmacist			,
-	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	01/11/2024	North, Frank	/	\$50.00
	J1/11/202 ·			+•••••
	l	Continuation address, City, State, Zip Code		
	l			
	I	Houston, TX 77004-6420		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Pharmacist			-,
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	01/01/2024	Notturno-Strong, Debra	/	\$4.00
	J1/J1/2027			÷
	I	Contributor address; City; State; Zip Code		
	I			
	I	Tuscola, TX 79562-3435		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Pharmacist			
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	01/01/2024	Full name of contributor out-of-state PAC (ID#: Nwosu, Tochi)	\$4.00
	J1/U1/2024			ψ
	I	Contributor address; City; State; Zip Code		
	I			
	I	Richmond, TX 77469-5725		
	Dringingl occur		Employer (See Instructions	
	Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Thaimacisi			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 48/70 Rpt: 51/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	Date 5 Full name of contributor Image: out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
01/03/2024	O'Day, Michael		\$50.00
	6 Contributor address; City; State; Zip Code		1
	Castroville, TX 78009-2834		
Princinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Pharmacist			<i>י</i>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	O'Grady, Jennifer		\$50.00
	Contributor address; City; State; Zip Code		
	Portland, TX 04101-4307		
	upation / Job title (See Instructions)	Employer (See Instructions	
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Obrzut, Tom		\$50.00
	Contributor address; City; State; Zip Code		
	Keller, TX 76248-8747		-
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Orusakwe, Emmanuel		\$50.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77074-3911		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Pharmacist			<i>י</i>
	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 01/01/2024	Full name of contributor out-of-state PAC (ID#: Ouellette, Craig)	Amount of Contribution (\$) \$4.00
UTIOTICOCH	-		ψ
	Contributor address; City; State; Zip Code		
	Wellington, TX 79095-5031		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Pharmacist			, ,

			1 Total pages Schodula A1:
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 49/70 Rpt: 52/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharn	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/03/2024	Owens, Michele		\$50.00
	6 Contributor address; City; State; Zip Code		
	Wylie, TX 75098-8216		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/01/2024	Palmer, Stephanie		\$4.00
	Contributor address; City; State; Zip Code		
	Borger, TX 79008-3282		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/01/2024	Park, Min		\$4.00
	Contributor address; City; State; Zip Code		
	McKinney, TX 75071-0117		
	pation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/09/2024	Parker, Chantelle		\$60.00
	Contributor address; City; State; Zip Code		
	Fresno, TX 77545-2318		
	pation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Parra, Catherine		\$50.00
	Contributor address; City; State; Zip Code		
	Arlington, TX 76012-4148		
	pation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 50/70 Rpt: 53/78	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	nacy Association PAC		00016271	nore,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2024	Patry, Roland			\$50.00
	6 Contributor address; City; State; Zip Code			
	The Woodlands, TX 77382-1753			
8 Principal occu	pation / Job title (See Instructions))		
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/16/2024	Pattillo, Jan			\$50.00
	Contributor address; City; State; Zip Code			
	Hamilton, TX 76531-0112			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Peavey, Carolyn			\$50.00
	Contributor address; City; State; Zip Code			
	Kingwood, TX 77345-1812			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/24/2024	Perez, Abel			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78228-0468			
•	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/10/2024	Pierre, Yvette			\$50.00
	Contributor address; City; State; Zip Code			
	Duncanville, TX 75137-2923			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 51/70 Rpt: 54/78
2 FILER NAME Texas Pharr	macy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2024	 Full name of contributor out-of-state PAC (ID#: Pinion, Glenda Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$50.00
	Wheeler, TX 79096-2416		
8 Principal occu Pharmacist	upation / Job title (See Instructions)	9 Employer (See Instructions))
Date 01/03/2024)	Amount of Contribution (\$) \$50.00
Principal occu Pharmacist	Midlothian, TX 76065-5561 upation / Job title (See Instructions)	Employer (See Instructions))
Date 01/03/2024	Full name of contributorout-of-state PAC (ID#: Ploch, Stephen Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00
Principal occu Pharmacist	Montgomery, TX 77316-6878 upation / Job title (See Instructions)	Employer (See Instructions))
Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:_ Polson, James Outributor address; City; State; Zip Code Westworth Village, TX 76114-4106		Amount of Contribution (\$) \$50.00
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))
Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:_ Portillo, Salvador Contributor address; City; State; Zip Code Pflugerville, TX 78660-4272)	Amount of Contribution (\$) \$50.00
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 52/70 Rpt: 55/78	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	nacy Association PAC		00016271	0.0)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/14/2024	Powers, Barry		5	\$50.00
	6 Contributor address; City; State; Zip Code			
	Linden, TX 75563-5627			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Prescott, Kimberli	······································		\$4.00
	Contributor address, City, State, Zip Code			
	Harlingon TX 79550 2547			
Duin aire al a sao	Harlingen, TX 78550-3547	Frankriger (Oser hastmatisma	A	
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/17/2024	Proffit, Jaelin		9	\$50.00
	Contributor address; City; State; Zip Code			
	Kerrville, TX 78028-6405			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Punch, Anita	,		\$50.00
01/00/2021				400.00
	Contributor address; City; State; Zip Code			
	Addison, TX 75001-3165			
Dringing Loogu		Employer (Cap Instructions)	N	
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/16/2024	Raia, Mary		9	\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77056-1206			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
-		l		

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 53/70 Rpt: 56/78	
2	FILER NAME			3	Filer ID (Ethics Commission) Filers)
		nacy Association PAC			00016271	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/09/2024	Ramanathan, Meenakshi				\$50.00
		6 Contributor address; City; State; Zip Code		1		
_	Driverine Lasses	Irving, TX 75063-8125				
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Ray, Jay				\$50.00
		Contributor address; City; State; Zip Code		1		
		Conroe, TX 77304-1574				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Rayburn, Shawn				\$50.00
		Contributor address; City; State; Zip Code				
		Texarkana, TX 75503-6057				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Pharmacist		, . ,	-,		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/24/2024	Reagan, Carol	/			\$100.00
		Contributor address; City; State; Zip Code		ł		
		Fort Worth, TX 76109-2611				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Reagan, Carol				\$50.00
		Contributor address; City; State; Zip Code				
		Fort Worth TX 76100 2611				
	Dringing!	Fort Worth, TX 76109-2611	Employer (Coolectruction	<u> </u>		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	mannacist					

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 54/70 Rpt: 57/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharr	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/01/2024	Richardson, LaToria		\$4.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75201-8458		
	upation / Job title (See Instructions)	9 Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/11/2024	Rider, Kay		\$60.00
	Contributor address; City; State; Zip Code		
	Prague, TX 74864-1501		-
-	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Rider, Kay		\$50.00
	Contributor address; City; State; Zip Code		
	Drogue TV 74964 1501		
Dringing occu	Prague, TX 74864-1501	Employer (See Instructions)	<u> </u>
Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/04/2024	Ridings-Myhra, Jennifer		\$50.00
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78626-5611		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>
Pharmacist	,		,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/01/2024	Rinn, Kevin	/	\$50.00
· · · · ·	Contributor address; City; State; Zip Code		
	Giddings, TX 78942-4304		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)))
Pharmacist			
		<u> </u>	

	The Instru	ction Guide explains how	v to complete this f	form.	1	Total pages Schedule A1: Sch: 55/70 Rpt: 58/78	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
_		macy Association PAC			[00016271	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	_
	01/03/2024	Rivera, Jose					\$50.00
		6 Contributor address; City; St	tate; Zip Code		1		
		El Paso, TX 79912					
8	Principal occu	pation / Job title (See Instructions	٤)	9 Employer (See Instructions)	;)		
	Pharmacist						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/03/2024	Robison, Sara					\$50.00
		Contributor address; City; St			•		
			ato, <u></u>				
		Fort Worth, TX 76132					
	Principal occu	I upation / Job title (See Instructions	 ٤)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Pharmacist	•	,				
╞	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/03/2024	Rodriguez, Roel		/		Allount of Contribution (+)	\$50.00
	01,00,202		tate: 7in Code		•		400.00
		Edinburg, TX 78542-7693	3				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Pharmacist	•	,				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/03/2024	Rogers, Bruce		,			\$50.00
	•		tate [.] Zin Code		\mathbf{I}		
		Victoria, TX 77904-1625					
	Principal occu	I pation / Job title (See Instructions	s)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Pharmacist		,		,		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/25/2024	Romero, Miguel		,			\$25.00
	·	Contributor address; City; St	tata: 7in Code		ł		T - T -
			die, zip coue				
		El Paso, TX 79911-2237					
\vdash	Princinal occu	Ipation / Job title (See Instructions	<u></u>	Employer (See Instructions	<u>ل</u> ے		
	Pharmacy Te				<i>''</i>		
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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/70 Rpt: 59/78
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		nacy Association PAC		00016271
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	01/03/2024	Rumsey, Ronald		\$50.00
		6 Contributor address; City; State; Zip Code		
	<u></u>	Dallas, TX 75230-1721		<u> </u>
	Principal occu Pharmacist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)
	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/03/2024	Rush, Sharon)	\$50.00
	01/00/2024			
		Contributor address, City, State, Zip Code		
		Dripping Springs, TX 78620-5047		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Pharmacist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/03/2024	Rushefsky, Laura		\$50.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77096-3924		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/03/2024	Rust, Dennis		\$50.00
		Contributor address; City; State; Zip Code		
		New Braunfels, TX 78130-6327		
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions) 3)
	Pharmacist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/03/2024	Rutherford, Vicki		\$50.00
		Contributor address; City; State; Zip Code		
		Odessa, TX 79762-8415		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Pharmacist			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 57/70 Rpt: 60/78
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/03/2024	Sacky, Carrie		\$50.0
	6 Contributor address; City; State; Zip Code		1
	Sunnyvale, TX 75182-2622		
8 Principal occu		9 Employer (See Instructions	<u> </u>
Pharmacist			·/·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Saenz, Elvia		\$50.0
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504-6106		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Saenz, Jesus		\$50.0
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504-2200		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Salinas, Cathryn		\$50.0
	Contributor address; City; State; Zip Code		
	Sugar Land, TX 77478-4260		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Sanchez, Michael		\$50.0
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78541-9105		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 58/70 Rpt: 61/78	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	nacy Association PAC		00016271	lierey
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/04/2024	Sanders, Kenny			\$50.00
	6 Contributor address; City; State; Zip Code			
	Alabaster, TX 35007			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Sanders, Melissa			\$50.00
	Contributor address; City; State; Zip Code			
	F F			
	Paradise Valley, TX 85253-3171			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Sarraj, Nada	,		\$4.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77095-2856			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Schaffer, Kimberly			\$4.00
0_/0_/_0_ !	Contributor address; City; State; Zip Code			+
	Contributor address, City, State, Zip Code			
	Cedar Park, TX 78613-5300			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	· · · · · · · · · · · · · · · · · · ·		,	
Date	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
01/03/2024	Schleigh, Thomas)		\$50.00
01/00/2024	Contributor address; City; State; Zip Code			\$00.00
	Contributor address, City, State, Zip Code			
	Kingwood, TX 77339-1591			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist			,	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 59/70 Rpt: 62/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/01/2024	· · ·		\$4	.00
	6 Contributor address; City; State; Zip Code			
	Rockwall, TX 75087-2404			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Seals, Debra			.00
	······································			
	Pearland, TX 77584-2383			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/28/2023	Selby, Kelly	/	\$100	0.00
	Denton, TX 76205-8408			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
01/03/2024	Shimek, Kevin		\$50	000
01/00/2024			\$ 00	.00
	Contributor address; City; State; Zip Code			
	College Station, TX 77845-7091			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist			,	
		\	Amount of Contribution (A)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	000
01/03/2024	Slaughter, Richard		\$50	.00
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75087-1717			
Dringing cost		Employor (Cool Instructions	\	
Principal occ Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions)	
Filaimacist				

The	e Instru	ction Guide explains how to	complete this f	orm.		tal pages Schedule A1: ch: 60/70 Rpt: 63/78	
2 FILE	R NAME					er ID (Ethics Commission	Filers)
		nacy Association PAC				0016271	
4 Date	ý	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Ar	nount of Contribution (\$)	
12/3	30/2023	Smith, Lisa					\$50.00
		6 Contributor address; City; State; 2					
		Languinu TV 75605					
9 Drine		Longview, TX 75605		Employer (See Instructions	<u> </u>		
	cipal occu Irmacist	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Date	; 	Full name of contributor	out-of-state PAC (ID#:_)	Ar	nount of Contribution (\$)	
01/0	03/2024	Smith, Margarete					\$50.00
		Contributor address; City; State; 2					
		Sachse, TX 75048-4561		-			
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Pha	ırmacist						
Date		Full name of contributor	out-of-state PAC (ID#:_)	Ar	nount of Contribution (\$)	
01/0	03/2024	Smith, Melanie					\$50.00
		Contributor address; City; State; 2					
Drine	-!	Dallas, TX 75229-3828		Employer (Coo Instructions			
	cipal occu irmacist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Date	2	Full name of contributor	out-of-state PAC (ID#:)	Ar	nount of Contribution (\$)	
01/0	03/2024	Solis, Carlos					\$50.00
			Zip Code				
		, , , , , , , , , , , , , , , , , , ,	- p				
		Edinburg, TX 78539					
Princ	cipal occu	pation / Job title (See Instructions)		Employer (See Instructions	. <u> </u>		
Pha	ırmacist						
Date	;	Full name of contributor	out-of-state PAC (ID#:_)	Ar	nount of Contribution (\$)	
01/0	03/2024	Staller, Joseph					\$50.00
		Contributor address; City; State; 2	Zip Code		1		
		Houston, TX 77096-2609					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Pha	rmacist						

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME			Sch: 61/70 Rpt: 64/78 3 Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date 01/03/2024	 5 Full name of contributor out-of-state PAC (ID#: Swofford, Lark 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$50.00
	Dallas, TX 75254-7647		
8 Principal occu Pharmacist	ipation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/18/2024	Talbott, Sandra		\$4.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478		
Drincipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u></u>
Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions)	1
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/17/2024	Tapia, Daniel Contributor address; City; State; Zip Code		\$60.00
	San Antonio, TX 78204-2178		
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/10/2024	Tapia, Daniel		\$50.00
	Contributor address; City; State; Zip Code		
Drizpinal appu	San Antonio, TX 78204-2178	Employer (Coo Instructions)	
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2024	Taylor, Charles		\$50.00
	Contributor address; City; State; Zip Code		
	Southlake, TX 76092-7201		
	pation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 62/70 Rpt: 65/78	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2024	Thakkar, Minal			\$50.00
	6 Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479-5766			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Thomas, Justin			\$4.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75204-2358			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Tinajero, Noemi			\$50.00
	Contributor address; City; State; Zip Code			
	Eagle Pass, TX 78852-3395			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Torralba, Christine			\$50.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78552-3790			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/01/2024	Tran, Hang			\$4.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78726-1936			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 63/70 Rpt: 66/78	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/03/2024				\$50.00
	6 Contributor address; City; State; Zip Code			
	McKinney, TX 75071-5562			
8 Princinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u>	
Pharmacist			,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Van De Putte, Leticia			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78213-3331			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/22/2024	Varghese, Anup			\$50.00
	Contributor address; City; State; Zip Code			
	Sunnyvale, TX 75182-3251			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Varkey, Alex			\$50.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479-3751			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Vickers, Stephen			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78749-4122			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 64/70 Rpt: 67/78	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2024	Vogler, Joe			\$50.00
	6 Contributor address; City; State; Zip Code			
2 Dringing Loopu	Amarillo, TX 79118-8020		、 、	
8 Principal occu Pharmacist	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>i</i>)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Waggener, Jeanne	/		\$50.00
-				
	Waco, TX 76712-3408			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Walker, Mary			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78744-3327			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	_
01/07/2024	Walker, Tamarah			\$50.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75036-1701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Pharmacist			7	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Wallace, David		.,	\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77035-5027			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Pharmacist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 65/70 Rpt: 68/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	nacy Association PAC		00016271	3)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/01/2024	Wallace-Gay, Takova		\$	\$4.00
	6 Contributor address; City; State; Zip Code			
	Bullard, TX 75757-1252			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Wang, Clifton		\$5	50.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78006-8520			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/01/2024	Ward, Amanda		\$	\$4.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77386-2034			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/12/2024	Weaver, Charles		\$5	50.00
	Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76308-9512			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2024	Weems, James		\$5	50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78749			
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions))	
Pharmacist				

The Inst	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 66/70 Rpt: 69/78	
2 FILER NAM	 1E		3 Filer ID (Ethics Commission Filer	ilers)
	armacy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
12/31/202				\$50.00
	6 Contributor address; City; State; Zip Code			
	Corsicana, TX 75110-3535			
8 Principal or	ccupation / Job title (See Instructions)	9 Employer (See Instructions	L	
Pharmaci			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/22/202	4 Weller, Charlotte			\$60.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75710-1411			
Principal or	cupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Pharmaci	st			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/202				\$50.00
	Contributor address; City; State; Zip Code			
	Addison, TX 75001-6333	<u>.</u>		
	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmaci	.t			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/202				\$50.00
	Contributor address; City; State; Zip Code			
	Austin TV 2022E 0040			
Drippinglig	Austin, TX 78735-8948			
Principal of Pharmaci	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷ 1 00
01/01/202				\$4.00
	Contributor address; City; State; Zip Code			
	Manvel, TX 77578-3285			
Drincinal o		Employor (Soo Instructions		
Pharmaci	ccupation / Job title (See Instructions)	Employer (See Instructions	•)	
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The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 67/70 Rpt: 70/78	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of Contribution (\$)	
01/03/2024	Williams, Jill			\$50.00
	6 Contributor address; City; State; Zip Code		•	
	Austin, TX 78746-2930			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions) 3)	
Pharmacist	• • •	• • •	, 	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)	
01/03/2024	Williams, Trina			\$50.00
	Contributor address; City; State; Zip Code			
	Bulverde, TX 78163			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)	
01/10/2024	Willis, Courtney			\$15.00
	Contributor address; City; State; Zip Code			
	Bullard, TX 75757-8239			
•	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacy T	1			
Date)#:)	Amount of Contribution (\$)	
01/01/2024	Willis, Lindsey			\$4.00
	Contributor address; City; State; Zip Code			
	Rowlett, TX 75089-4576			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Pharmacist			,	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)	
01/03/2024	Wilson, James			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-3908			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Pharmacist				
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 68/70 Rpt: 71/78	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	macy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2024				\$50.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75201-1133			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Winstel, Craig			\$50.00
	Fort Worth, TX 76114-1922			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Wolff, Floyd	,		\$50.00
v-	Contributor address; City; State; Zip Code			*****
	Kenedy, TX 78119-4464			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	•		, ,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/05/2024	Wong, Annie	,		\$60.00
	Contributor address; City; State; Zip Code			* *
	Houston, TX 77039-4120			
Principal occu	Lupation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	•		, ,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2024	Woo, May	,		\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77096-2404			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	parent, ees alle (ees instates,)	
• • • • • • • • • • • • • • • • • • • •				

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 69/70 Rpt: 72/78	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
01/03/2024	Wulfe, Steven		\$50	0.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78704-0131			
	ipation / Job title (See Instructions)	9 Employer (See Instructions		
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/03/2024	Wyatt, Yankton		\$50	0.00
	Contributor address; City; State; Zip Code			
	Andrews, TX 79714-8136			
	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/04/2024	Xavier, Christy		\$50	0.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76001-5640			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/03/2024	Young, Dalene		\$50	00.0
	Contributor address; City; State; Zip Code			
	Dallas, TX 75252-6326	i		
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/03/2024	Yu, Frank		\$50	00.(
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703-6932			
-	ipation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist				
		•		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 70/70 Rpt: 73/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas Pharmacy Association PAC** 00016271 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 12/31/2023 \$50.00 Yzaguirre, Pedro 6 Contributor address; City; State; Zip Code Brownsville, TX 78521-8056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pharmacist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 01/03/2024 \$50.00 Zamutt, Mark Contributor address; City; State; Zip Code Austin, TX 78750-8535 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist

The Instruction Guide explains how to complete this form.				Total pages Schedule C3: Sch: 1/4 Rpt: 74/78		
	nacy Association PAC		Filer ID 00016271	(Ethics Commission Filers)		
4 Date 12/31/2023	5 Corporation / Labor Organization name All Care Pharmacy	6	Amount (\$)	50.00		
Date 01/11/2024	Corporation / Labor Organization name Allen Family Drug		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Amarillo Diagnostic Clinic RX		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Andrews Prescription Shop, LLC		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Aubrey Pharmacy		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Blount Pharmacy		Amount (\$)	50.00		
Date 01/04/2024	Corporation / Labor Organization name Bluitt's Pharmacy		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Bonham Family Drug		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Brookshire Grocery Pharmacy		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Cantu'S Pharmacy		Amount (\$)	50.00		
Date 01/05/2024	Corporation / Labor Organization name Catchings Prescriptions		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Celina Drug		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Clinical Care Pharmacy, LLC		Amount (\$)	50.00		
Date 01/12/2024	Corporation / Labor Organization name Community Pharmacy		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Community Pharmacy Flower Mound		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Consulting Matters, Inc		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Corner Drug Store		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Dripping Springs Pharmacy		Amount (\$)	50.00		

The Instruction Guide explains how to complete this form.			Total pages Schedule C3: Sch: 2/4 Rpt: 75/78		
2 FILER NAME Texas Pharr	Pharmacy Association PAC			(Ethics Commission Filers)	
4 Date 01/10/2024	5 Corporation / Labor Organization name Eagle Drug	6	Amount (\$)	50.00	
Date 12/31/2023	Corporation / Labor Organization name Family Pharmacy of Pottsboro		Amount (\$)	50.00	
Date 01/03/2024	Corporation / Labor Organization name Fort Worth Pharmacy, LLC		Amount (\$)	50.00	
Date 01/03/2024	Corporation / Labor Organization name Frontier Pharmacy of Kenedy Inc		Amount (\$)	50.00	
Date 12/26/2023	Corporation / Labor Organization name H.E.B. Pharmacy #592		Amount (\$)	50.00	
Date 01/03/2024	Corporation / Labor Organization name HEB Grocery Company		Amount (\$)	50.00	
Date 01/03/2024	Corporation / Labor Organization name Harvest Drug & Gift		Amount (\$)	50.00	
Date 12/31/2023	Corporation / Labor Organization name Highland Drug Inc		Amount (\$)	50.00	
Date 01/01/2024	Corporation / Labor Organization name Highland Drug, Inc		Amount (\$)	4.00	
Date 01/03/2024	Corporation / Labor Organization name Hunter Pharmacy Services, Inc.		Amount (\$)	50.00	
Date 12/31/2023	Corporation / Labor Organization name Hyland's Pharmacy		Amount (\$)	50.00	
Date 12/31/2023	Corporation / Labor Organization name Hyland's Pharmacy Shamrock		Amount (\$)	50.00	
Date 01/06/2024	Corporation / Labor Organization name Jacobs Family Pharmacy		Amount (\$)	50.00	
Date 01/03/2024	Corporation / Labor Organization name Jm Rx Consulting, Inc		Amount (\$)	50.00	
Date 01/03/2024	Corporation / Labor Organization name Laredo Downtown Pharmacy		Amount (\$)	50.00	
Date 12/31/2023	Corporation / Labor Organization name Las Colinas Pharmacy		Amount (\$)	50.00	
Date 01/03/2024	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co		Amount (\$)	50.00	
Date 01/03/2024	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co		Amount (\$)	50.00	

The Instruction Guide explains how to complete this form.				Total pages Schedule C3: Sch: 3/4 Rpt: 76/78		
2 FILER NAME Texas Pharr	nacy Association PAC	3	Filer ID 00016271	(Ethics Commission Filers)		
4 Date 01/03/2024	5 Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	6	Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co		Amount (\$)	50.00		
Date 01/10/2024	Corporation / Labor Organization name Linos Pharmacy		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Llw Consulting		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Lunas Friendly Pharmacy Inc.		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Mabank Family Pharmacy		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Medicap Pharmacy		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Merkel Drug Co.		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Muniz Rio Grande Pharmacy, LLC		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Nelson Pharmacy		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Paragon Healthcare Inc		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Parker's City Pharmacy		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Pavilion Pharmacy, Inc.		Amount (\$)	50.00		
Date 01/04/2024	Corporation / Labor Organization name Pieratts Pharmacy		Amount (\$)	50.00		
Date 12/31/2023	Corporation / Labor Organization name Randol Mill Pharmacy		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name Richard'S Pharmacy		Amount (\$)	50.00		
Date 01/03/2024	Corporation / Labor Organization name S&R Drug Co.		Amount (\$)	50.00		

The Ir	struction Guide explains how to complete this form.	1 Total pages Schedule C3: Sch: 4/4 Rpt: 77/78
2 FILER I	IAME	3 Filer ID (Ethics Commission Filers)
Texas	Pharmacy Association PAC	00016271
4 Date 01/03/2	5 Corporation / Labor Organization name Tanglewood Pharmacy	6 Amount (\$) 50.00
Date	Corporation / Labor Organization name	Amount (\$)
01/12/2	1024 Tarrytown Pharmacy	50.00
Date	Corporation / Labor Organization name	Amount (\$)
12/31/2	2023 The Med-Shop Pharmacy	50.00
Date	Corporation / Labor Organization name	Amount (\$)
01/03/2	1024 The Medicine Shoppe #0378	50.00
Date	Corporation / Labor Organization name	Amount (\$)
01/03/2	1024 The Medicine Shoppe #0378	50.00
Date	Corporation / Labor Organization name	Amount (\$)
01/03/2	1024 The Prescription Shop	50.00
Date	Corporation / Labor Organization name	Amount (\$)
01/03/2	1024 The Woodlands Compounding Pharmacy	50.00
Date	Corporation / Labor Organization name	Amount (\$)
12/31/2	Walters Pharmacy, Inc.	50.00

The Instruction Guide explains how to complete this form.			1	Total pages Schedule C4: Sch: 1/1 Rpt: 78/78			
2	FILER NAME			3	Filer ID	(Ethics Commission Filers	6)
	Texas Pharmacy Association PAC				00016271		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	12/31/2023		Texas Pharmacy Association				1,600.00