



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,012.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 148,450.55
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Mrs. Debbie B Garza  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Pharmacy Association PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00016271
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,358.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 3,054.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/70 Rpt: 4/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abangan, Anna Rose <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76017-2781	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abu-Baker, Asim <hr/> Contributor address; City; State; Zip Code  Kingsville, TX 78363	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abu-Baker, Asim <hr/> Contributor address; City; State; Zip Code  Kingsville, TX 78363	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acosta, Renee <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1222	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Amanda <hr/> Contributor address; City; State; Zip Code  Woodson, TX 76491-0304	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/70 Rpt: 5/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilera, Lydia <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78502-4226	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahmad, Shawn <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78251-1717	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Al Hallaq, Mahdi <hr/> Contributor address; City; State; Zip Code  Wylie, TX 75098-7008	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albrecht, Linda <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aloysius, Kevin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-4348	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/70 Rpt: 6/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarado, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78253-6283	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Andrew <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-3690	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson-Kocian, Lisa <hr/> Contributor address; City; State; Zip Code  Athens, TX 75752-5752	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arizpe, Anthony <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108-4012	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arizpe, Michael <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/70 Rpt: 7/78
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashley, Jeremy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Bullard, TX 75757-0120	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashworth, Rebecca	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Coppell, TX 75019-6122	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atchley, Siobhan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Blanco, TX 78606-0369	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atwell, Christine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76137-5404	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/70 Rpt: 8/78
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Candice	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Sour Lake, TX 77659-7723	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Rebecca	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Jefferson, TX 75657-2205	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Vernon, TX 76384-3165	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baytamouny, Anis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Plano, TX 75024-7317	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Tatum, TX 75691-3769	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/70 Rpt: 9/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beall, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tatum, TX 75691-3769	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beall, Michelle <hr/> Contributor address; City; State; Zip Code  Tatum, TX 75691-3769	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beard, Elizabeth <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035-9200	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belfiglio, Valentine <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-2629	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benham, Stacey <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4418	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/70 Rpt: 10/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bennett, Jayla	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459-1574		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bennett, Kimberly	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Katy, TX 77450-2142		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bhakta, Samir	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78260-4417		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bhakta, Vimal	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Irving, TX 75063-4232		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bidinotto, Andrew	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  North Richland Hills, TX 76182-7521		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/70 Rpt: 11/78
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blythe, Elaine	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  High Rolls Mountain Park, TX 88325-0873	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Arlington, TX 76017-1739	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Pamela	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77498-2432	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Bethany	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Allen, TX 75013-8523	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Judith	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78765-4744	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/70 Rpt: 12/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bubis, Janet <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248-5424	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bueche, Jay <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-2927	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bujnoch, Kelly <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-8913	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buras, Lynde <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-5560	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buras, Lynde <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-5560	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/70 Rpt: 13/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burney, Cheryl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77231-1219	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Byerly, Angela <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706-7265	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calhoon, Thomas <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016-5890	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Marilyn <hr/> Contributor address; City; State; Zip Code  Concan, TX 78838-0317	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cannon, LaVonia <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407-4036	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/70 Rpt: 14/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canon, Kimberly	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  White Oak, TX 75693-3057		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carruthers, Robert	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Amarillo, TX 79118-1140		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carvajal, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78214		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cauthon, Kimberly	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78249-4625		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cervantes, Adrian	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code  Harlingen, TX 78552-6232		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/70 Rpt: 15/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheatheam, Jamie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76108-6988	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chesler, Adam <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-8518	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chhadua, Raj <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-0051	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ching, Rannon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738-6067	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-8213	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/70 Rpt: 16/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comfort, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729-6479	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Compean, Deborah <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79938-4850	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corbell, Zach <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730-3454	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daggett, Jacob <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dam, Vinh <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/70 Rpt: 17/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniels, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77450-3684	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dasher, Tony <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78261-2629	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davani, Saeid <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-7545	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Rachel <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056-4017	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Thomas <hr/> Contributor address; City; State; Zip Code  Waxahachie, TX 75165-1590	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 15/70 Rpt: 18/78
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Arjun	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77024-4011	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dee, Dawn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Keller, TX 76248-2643	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delaney, Bradley	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78628-3151	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dembny, Christopher	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Rowlett, TX 75089-8689	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Douglas, Will	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-4153	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/70 Rpt: 19/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Dana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77096-1430	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dozier, Dawn <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584-7210	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driscoll, Michelle <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302-4721	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driscoll, Michelle <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302-4721	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driver, Patricia <hr/> Contributor address; City; State; Zip Code  Channelview, TX 77530-4559	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 17/70 Rpt: 20/78
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dubose, David	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Livingston, TX 77351-9397	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duhon, Kate	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Austin, TX 78739-1614	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duru, Valentine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  El Paso, TX 79930-4710	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edmundson, Laura	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Lufkin, TX 75904-4521	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ehringer, Kari	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Colleyville, TX 76034-4732	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 18/70 Rpt: 21/78
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elliott, Robin	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77007-8417	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emfinger, Robert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Kemp, TX 75143-0569	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emokah-Uwagboe, Ifeoma	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Richmond, TX 77407-2960	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esse, Tara	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015-8305	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eubanks, Charles	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Tyler, TX 75707-3810	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/70 Rpt: 22/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Euers, Sharon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739-1978	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fat-Anthony, William <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574-1202	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fite, Tamber <hr/> Contributor address; City; State; Zip Code  Waco, TX 76708-5729	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fix, Jennifer <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028-6728	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fogan, Dede <hr/> Contributor address; City; State; Zip Code  Melissa, TX 75454-1402	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/70 Rpt: 23/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, WeiWei <hr/> <b>6</b> Contributor address; City; State; Zip Code  Willis, TX 77318-5857	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, Candace <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231-4836	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fry, Wilson <hr/> Contributor address; City; State; Zip Code  San Benito, TX 78586-5006	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Omar <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602-3219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia-Trevino, Jason <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78222-4904	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/70 Rpt: 24/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garling, Kristin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Paige, TX 78659-4313	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gartenhaus, Jane <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013-2929	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaskill, Brian <hr/> Contributor address; City; State; Zip Code  Tom Bean, TX 75489-0896	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) George, Kevin <hr/> Contributor address; City; State; Zip Code  Evant, TX 76525-7000	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbs, Elizabeth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78736-1935	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/70 Rpt: 25/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Aaron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Andrews, TX 79714-3618	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilbert, Mark <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226-3101	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ginsburg, Diane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78712-1113	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glover, Cynthia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-3602	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goeders, Sarah <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701-7713	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/70 Rpt: 26/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502-4119	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Romeo <hr/> Contributor address; City; State; Zip Code  Alice, TX 78332-4220	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordy, Denice <hr/> Contributor address; City; State; Zip Code  Kelly, TX 71441-2028	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gourley, Derek <hr/> Contributor address; City; State; Zip Code  Perryton, TX 79070-5324	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graves, Erin <hr/> Contributor address; City; State; Zip Code  Willis, TX 77378-8827	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/70 Rpt: 27/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graves, Holden <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75070-7372	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Tammy <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3437	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greely, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-7864	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, Matthew <hr/> Contributor address; City; State; Zip Code  Woodville, TX 75979-6217	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griggs, Sabrina <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028-8413	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/70 Rpt: 28/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guidry, Greg <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641-4267	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gunter, Christina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738-6387	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gurley, Patrick <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guyer, Lucila <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247-5129	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hagens, Debra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756-3212	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/70 Rpt: 29/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hakam, Amer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Peoria, TX 85383-6668	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hallak, Nabil <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035-8498	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammad, Eman <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681-2198	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Lee Ann <hr/> Contributor address; City; State; Zip Code  Detroit, TX 75436-4500	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haney, David <hr/> Contributor address; City; State; Zip Code  Vidor, TX 77662-3739	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/70 Rpt: 30/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Poteet, TX 78065-4813	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hao, Yun <hr/> Contributor address; City; State; Zip Code  Houston, TX 77045-2109	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardin-Oliver, Carole <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77345-3010	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrel, Nicholas <hr/> Contributor address; City; State; Zip Code  Kingsville, TX 78364-1437	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hattaway, Steven <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356-3725	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/70 Rpt: 31/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayden, Lauren <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78015-6580	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heffley, Karen <hr/> Contributor address; City; State; Zip Code  Whitesboro, TX 76273-8094	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henneke, Judi <hr/> Contributor address; City; State; Zip Code  Weimar, TX 78962-3680	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hickman, Frances <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75070-3706	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-5288	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/70 Rpt: 32/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) High, W. Carter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-6648	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, Lucas <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-4993	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hinze, Holly <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-2845	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hobart, Christopher <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423-6165	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoffart, Steven <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77354	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 30/70 Rpt: 33/78
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horton, Ed	7 Amount of Contribution (\$)  \$2,000.00
	6 Contributor address; City; State; Zip Code  Stephenville, TX 76401-1705	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hrna, Daniel	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Smithville, TX 78957	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffman, Patricia	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Richmond, TX 77406-2041	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Michael	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Seabrook, TX 77586-2822	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hung, Leo	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Pecos, TX 79772-6311	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/70 Rpt: 34/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunter, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606-3218	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hwang, Kyuwon <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-2199	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Icard, David <hr/> Contributor address; City; State; Zip Code  Tomball, TX 77375-4867	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ivy, Delaney <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502-8729	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Cijo <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572-7161	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/70 Rpt: 35/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John, Jobby	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Bee Cave, TX 78738-6387		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Emery	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Allen, TX 75013-4659		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Jeri	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Katy, TX 77450-5128		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Jaimol	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Missouri City, TX 77459-7325		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Stephanie	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Pearland, TX 77581-8835		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/70 Rpt: 36/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kadivi, Kyle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-2646	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kainer, James <hr/> Contributor address; City; State; Zip Code  East Bernard, TX 77435-9665	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kandi, Sirisha <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-5985	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code  Saginaw, TX 76131-2911	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code  Saginaw, TX 76131-2911	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/70 Rpt: 37/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kilson, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pipe Creek, TX 78063-0001	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Grace <hr/> Contributor address; City; State; Zip Code  Lantana, TX 76226-8904	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klein, Mary <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-8181	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klein, Mary <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-8181	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kleinschmidt, Anna <hr/> Contributor address; City; State; Zip Code  Lexington, TX 78947-4939	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/70 Rpt: 38/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knotts, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76207-1675	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koontz, Thomas <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-7108	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krasner, Larry <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-1451	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kubosh, Kristi <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-5422	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lacy, Brett <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78210-4346	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/70 Rpt: 39/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lane, Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Shavano Park, TX 78231-1543	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawani Naylor, Hanifath <hr/> Contributor address; City; State; Zip Code  Los Fresnos, TX 78566-7921	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawson, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739-1639	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le, Hannah <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-2071	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, George <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059-3226	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/70 Rpt: 41/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lott, Sara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757-3017	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lucas, Alexander <hr/> Contributor address; City; State; Zip Code  Luling, TX 78648-2317	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lusson, Aimee <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-5362	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lyon, Brittany <hr/> Contributor address; City; State; Zip Code  Normangee, TX 77871-5324	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maize, David <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-6318	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/70 Rpt: 42/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marwat-Khan, Sajidah	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78251-1733		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matson, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Victoria, TX 77904-3309		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Shari	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  McKinney, TX 75071-3477		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElroy, Lee	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Andrews, TX 79714-2602		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGowan, Samantha	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Wolfforth, TX 79382-2854		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/70 Rpt: 43/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Robyn	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Corsicana, TX 75110-2857		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76179-1579		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda	Amount of Contribution (\$)  \$60.00
Contributor address; City; State; Zip Code  Plano, TX 75093-4529		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Plano, TX 75093-4529		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeeley, Terry	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Carrollton, TX 75010-4468		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/70 Rpt: 44/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McShane, Maureen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-6268	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcanally, Bruce <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3211	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code  Eastland, TX 76448-2245	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code  Eastland, TX 76448-2245	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meigs, Wendy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77068-2061	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/70 Rpt: 45/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyers, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Santa Fe, TX 87507	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meynard, Tara <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76054-1916	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mielke, Terry <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346-1782	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Milligan, Janis <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433-4067	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Julie <hr/> Contributor address; City; State; Zip Code  Rockport, TX 78382-7781	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/70 Rpt: 46/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montalbano, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bay St Louis, TX 39521-3736	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moody, Warren <hr/> Contributor address; City; State; Zip Code  Houston, TX 77282-0282	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Joshua <hr/> Contributor address; City; State; Zip Code  Tulia, TX 79088-2747	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Jerry(Jay) <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 71854-8169	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morrow, Lesli <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-5443	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/70 Rpt: 47/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moshier, Martha <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925-6728	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moshier, Martha <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925-6728	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moussallie, George <hr/> Contributor address; City; State; Zip Code  Edgewood, TX 98371-1408	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muniz, Michael <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550-6262	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muniz, Michael <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550-6262	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/70 Rpt: 48/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murhammer, Payal <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-3793	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Musgrove, Melvin <hr/> Contributor address; City; State; Zip Code  Clifton, TX 76634-3945	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nagarsheth, Kunal <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-4695	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nam, Gubeom <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729-1777	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neale, Jeff <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586-1822	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/70 Rpt: 49/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neill, Catherine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77384-3348	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ngo, Caroline <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581-2301	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Darlene <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-8153	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Kim Thuy <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024-3986	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Nhat <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-6001	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/70 Rpt: 50/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Thuong <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75039-3933	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norman, Trevor <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226-1755	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) North, Frank <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004-6420	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Notturmo-Strong, Debra <hr/> Contributor address; City; State; Zip Code  Tuscola, TX 79562-3435	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nwosu, Tochi <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77469-5725	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/70 Rpt: 51/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Day, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Castroville, TX 78009-2834	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Grady, Jennifer <hr/> Contributor address; City; State; Zip Code  Portland, TX 04101-4307	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Obrzut, Tom <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248-8747	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orusakwe, Emmanuel <hr/> Contributor address; City; State; Zip Code  Houston, TX 77074-3911	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ouellette, Craig <hr/> Contributor address; City; State; Zip Code  Wellington, TX 79095-5031	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/70 Rpt: 53/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patry, Roland <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77382-1753	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pattillo, Jan <hr/> Contributor address; City; State; Zip Code  Hamilton, TX 76531-0112	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peavey, Carolyn <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77345-1812	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Abel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78228-0468	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierre, Yvette <hr/> Contributor address; City; State; Zip Code  Duncanville, TX 75137-2923	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/70 Rpt: 54/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pinion, Glenda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wheeler, TX 79096-2416	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piper, John <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065-5561	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ploch, Stephen <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77316-6878	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Polson, James <hr/> Contributor address; City; State; Zip Code  Westworth Village, TX 76114-4106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Portillo, Salvador <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660-4272	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/70 Rpt: 55/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powers, Barry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Linden, TX 75563-5627	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prescott, Kimberli <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550-3547	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proffit, Jaelin <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028-6405	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Punch, Anita <hr/> Contributor address; City; State; Zip Code  Addison, TX 75001-3165	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raia, Mary <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056-1206	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/70 Rpt: 56/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramanathan, Meenakshi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75063-8125	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ray, Jay <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304-1574	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rayburn, Shawn <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503-6057	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagan, Carol <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2611	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagan, Carol <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2611	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/70 Rpt: 57/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richardson, LaToria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201-8458	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rider, Kay <hr/> Contributor address; City; State; Zip Code  Prague, TX 74864-1501	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rider, Kay <hr/> Contributor address; City; State; Zip Code  Prague, TX 74864-1501	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ridings-Myhra, Jennifer <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626-5611	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rinn, Kevin <hr/> Contributor address; City; State; Zip Code  Giddings, TX 78942-4304	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/70 Rpt: 58/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Jose <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robison, Sara <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Roel <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78542-7693	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Bruce <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904-1625	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romero, Miguel <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79911-2237	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/70 Rpt: 59/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rumsey, Ronald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230-1721	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rush, Sharon <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-5047	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rushefsky, Laura <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096-3924	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rust, Dennis <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130-6327	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutherford, Vicki <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79762-8415	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/70 Rpt: 60/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sacky, Carrie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sunnyvale, TX 75182-2622	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Elvia <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504-6106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Jesus <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504-2200	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Cathryn <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478-4260	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Michael <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541-9105	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/70 Rpt: 61/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanders, Kenny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alabaster, TX 35007	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanders, Melissa <hr/> Contributor address; City; State; Zip Code  Paradise Valley, TX 85253-3171	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarraj, Nada <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095-2856	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaffer, Kimberly <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-5300	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schleigh, Thomas <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339-1591	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/70 Rpt: 62/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75087-2404	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seals, Debra <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584-2383	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Selby, Kelly <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205-8408	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shimek, Kevin <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-7091	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slaughter, Richard <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75087-1717	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/70 Rpt: 63/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75605	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Margarete <hr/> Contributor address; City; State; Zip Code  Sachse, TX 75048-4561	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Melanie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-3828	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Solis, Carlos <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Staller, Joseph <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096-2609	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/70 Rpt: 64/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swofford, Lark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-7647	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talbott, Sandra <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78204-2178	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78204-2178	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Charles <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-7201	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/70 Rpt: 67/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vogler, Joe	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79118-8020		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waggener, Jeanne	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Waco, TX 76712-3408		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Mary	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78744-3327		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Tamarah	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Frisco, TX 75036-1701		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77035-5027		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/70 Rpt: 69/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weidmann, Trena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corsicana, TX 75110-3535	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weller, Charlotte <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75710-1411	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welton-Arndt, Lauren <hr/> Contributor address; City; State; Zip Code  Addison, TX 75001-6333	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiesner, Dennis <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735-8948	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, Loynecia <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578-3285	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/70 Rpt: 70/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Jill <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-2930	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Trina <hr/> Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willis, Courtney <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757-8239	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willis, Lindsey <hr/> Contributor address; City; State; Zip Code  Rowlett, TX 75089-4576	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-3908	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/70 Rpt: 71/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Skye	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201-1133		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winstel, Craig	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76114-1922		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolff, Floyd	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Kenedy, TX 78119-4464		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wong, Annie	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code  Houston, TX 77039-4120		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woo, May	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77096-2404		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/70 Rpt: 72/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wulfe, Steven <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-0131	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyatt, Yankton <hr/> Contributor address; City; State; Zip Code  Andrews, TX 79714-8136	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xavier, Christy <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76001-5640	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Dalene <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252-6326	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yu, Frank <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-6932	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C3**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/4 Rpt: 74/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/31/2023	<b>5</b> Corporation / Labor Organization name All Care Pharmacy	<b>6</b> 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

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C3**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 2/4 Rpt: 75/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/10/2024	<b>5</b> Corporation / Labor Organization name Eagle Drug	<b>6</b> Amount (\$) 50.00
Date 12/31/2023	Corporation / Labor Organization name Family Pharmacy of Potttsboro	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

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C3**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 3/4 Rpt: 76/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	<b>6</b> 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

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 4/4 Rpt: 77/78
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/03/2024	<b>5</b> Corporation / Labor Organization name Tanglewood Pharmacy	<b>6</b> Amount (\$) 50.00
Date 01/12/2024	Corporation / Labor Organization name Tarrytown Pharmacy	Amount (\$) 50.00
Date 12/31/2023	Corporation / Labor Organization name The Med-Shop Pharmacy	Amount (\$) 50.00
Date 01/03/2024	Corporation / Labor Organization name The Medicine Shoppe #0378	Amount (\$) 50.00
Date 01/03/2024	Corporation / Labor Organization name The Medicine Shoppe #0378	Amount (\$) 50.00
Date 01/03/2024	Corporation / Labor Organization name The Prescription Shop	Amount (\$) 50.00
Date 01/03/2024	Corporation / Labor Organization name The Woodlands Compounding Pharmacy	Amount (\$) 50.00
Date 12/31/2023	Corporation / Labor Organization name Walters Pharmacy, Inc.	Amount (\$) 50.00

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

**SCHEDULE C4**

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