

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported James Frank State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 31.59
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 77,658.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 146,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 466,947.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Christine N. Mojezati

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Matt Shaheen State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Reggie Smith State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Frederick Frazier State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Steve Allison State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Glenn Rogers State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jacey Jetton State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Elizabeth Campos State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Angelia Orr State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Salman Bhojani State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Lynn Stucky State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Hugh Shine State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Hubert Vo State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jay Dean State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Justin Holland State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cody Harris State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Keith Bell State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Kronda Thimesch State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Matt Shaheen State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 54,924.83
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	\$ 2,277.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 20,456.47
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 146,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/86 Rpt: 10/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott Clinic, PA <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180-8848	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrantes, Anthony Clark <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-2665	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anthony C. Abrantes, MD, FACOG, PA
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Nuzhat F. <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-5333	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Centennial Primary Care
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Azar, Maurice <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033-6967	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alazar Medical Group, PLLC
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert L. Smith, M.D., P.A. <hr/> Contributor address; City; State; Zip Code Raymondville, TX 78580-3521	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/86 Rpt: 11/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfayoumi, Fadi <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520-7512	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Bohn D. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-2727	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allmon, Brent Michael <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-1417	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Woodlands Family Medicine
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andres S. Enriquez, M.D., P.A. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Kent <hr/> Contributor address; City; State; Zip Code League City, TX 77573-4211	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/86 Rpt: 12/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlington Plastic Surgery, PA <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76014	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) 		9 Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armour, Alexander Woolf <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119-6606	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azad, Sheuli Alam <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-0937	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Jason R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-7543	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Jason R. Bailey, MD, PA
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Susan Rudd <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76132-1066	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Worth Allergy & Asthma Associates

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/86 Rpt: 13/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Richard Lynn <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75961-4249	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Frank L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-5905	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Frank L. Barnes, MD
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos, Justin V. <hr/> Contributor address; City; State; Zip Code Bedford, TX 76022-7250	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical City Family Medicine
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basa, Nicole Reyes <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-3937	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) B+A Medical Center
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauman, Wendall C. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-3832	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retina Institute of South Texas, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/86 Rpt: 14/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaumont Bone and Joint Institute	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Beaumont, TX 77707-2216	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaumont Bone and Joint Institute	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Beaumont, TX 77707-2216	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhuchar, Subodh Kumar	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479-3909	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sugarland Med Ped Clinic, PA
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Clayton	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code Harlingen, TX 78552-0134	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bizzell, Skylar K.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Clifton, TX 76634-3425	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Goodall-Witcher Hospital

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/86 Rpt: 15/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Alison Adams <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205-3039	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco Regional Clinic, PA <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-4913	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue, Susan K. <hr/> Contributor address; City; State; Zip Code Azle, TX 76020-5534	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Neurological Services of Texas, PA
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodar, Vijaykumar <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-2766	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) New Braunfels Cardiology
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, James Byron <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936-7801	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/86 Rpt: 16/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Keith A. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-3931	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Downtown Eye Associates
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Bruce <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2331	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Cardiovascular Specialists
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, May L. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-1421	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brabham, David <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2512	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracamontes, Yvonne <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-7485	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/86 Rpt: 17/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Ralph H. <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78541-4449	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christine Dunham <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-7427	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christine D. Brown, MD PA
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James McFarley <hr/> Contributor address; City; State; Zip Code Spurger, TX 77660-0175	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) James W. Brown, MD, PA
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown-Price, Tonya M. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-6576	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TCP - Midtown
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Michael Gerard <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067-8462	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Palo Pinto General Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/86 Rpt: 18/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryarly, Julia Claire <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208-3645	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Southwestern Medical Center
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Louis J. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2322	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkes, William L. <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-1701	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shannon Clinic
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhead, Wayne Zealous <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-2927	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Carrell Clinic
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burlison, Scott Alan <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-0932	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Azalea Orthopedics & Sports Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/86 Rpt: 19/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Robert E.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77027-4139	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ascent Emergency Medical Center
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butterfield, Jeffery Todd	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75208-3358	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bywaters, Daniel Wilson	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Athens, TX 75751-9022	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Jean	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera, Leopoldo A.	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code Lubbock, TX 79424-6588	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Community Health Center of Lubbock

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/86 Rpt: 20/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Kara <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703-9326	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-3735	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardone, Scott David <hr/> Contributor address; City; State; Zip Code Belton, TX 76513-6920	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos H Orces MD PA <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041-3988	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Maldonado DO PA <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8633	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/86 Rpt: 21/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Marvin Walter <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904-2513	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cary, Melissa Moore <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6019	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Consultants of Texas
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Gregory Sterling <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-1588	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Kenny B. <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-5129	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Ear, Nose Throat Associates
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carthel, Kade D. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-0028	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/86 Rpt: 22/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Donna L.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234-6441	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Franklin Leroy Casey, MD PA
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Franklin Leroy	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-8620	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Franklin Leroy Casey, MD PA
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathcart, Clifton Hill	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lufkin, TX 75901-6073	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffer, Sheldon Clark	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Temple, TX 76502-7634	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Coryell Memorial Healthcare System
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang-Tung, Teri Bedillion	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-2858	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/86 Rpt: 23/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charming Pediatrics, P.A. <hr/> 6 Contributor address; City; State; Zip Code Weslaco, TX 78596	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) 		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Eric <hr/> Contributor address; City; State; Zip Code Longview, TX 75602-6715	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Gretchen S. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1032	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) China, Carlos E. <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-3841	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisholm, Padraic Bailey <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-2706	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Women's Clinic of South Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/86 Rpt: 24/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Jihoon <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386-1890	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Independent Primary Care Assoc Beaumont
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$177.09
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chung, Wendy M. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-2054	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clara H. Henry, MD, PA <hr/> Contributor address; City; State; Zip Code Denton, TX 76210-7212	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Dana G. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-5428	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/86 Rpt: 25/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Summer <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79159-1507	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Proffer Surgical Association LLP
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Gary Randall <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657-7137	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gary R Clayton MD PA
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Marrietta Denice <hr/> Contributor address; City; State; Zip Code League City, TX 77573-1777	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cline Pediatrics
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clos, Audra L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3013	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Dermatology
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coco, Claire Marie <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2914	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) New Braunfels Urology Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/86 Rpt: 26/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conard-Thwaites, Blair E.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Prosper, TX 75078-2390	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Stuart M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Victoria, TX 77904-2815	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Citizens Medical Center
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conroe-Woodlands Gastroenterology, PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Conroe, TX 77304-2656	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Lucius Pinckney	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-2704	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper Clinic	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-2200	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/86 Rpt: 27/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortese, Jack Locardi <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1222	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Corpus Nephrology Network
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cousins, Kurt L. <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-1626	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kurt L. Cousins, MD
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Sammy Lane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119-4997	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, William S. <hr/> Contributor address; City; State; Zip Code Hamilton, TX 76531-1700	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family Practice Rural Health Clinic
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, J. Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-8709	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Synergy Plastic Surgery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/86 Rpt: 28/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Theresa V. <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013-5249	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Guy Lee <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-5128	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bent Tree Family Physicians, PA
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Richard Hartman <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7102	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darryl Dewitt Collins MD PA <hr/> Contributor address; City; State; Zip Code Portland, TX 78374-2913	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David W. Price, M.D., P.A. <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-7531	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/86 Rpt: 29/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Dios, Angelito Ordenez	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572-3858	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Jong, Andrew Lawrence	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code College Station, TX 77845-4825	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deliz Velez, Rafael J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Laredo, TX 78045-4156	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rafael J. Deliz, MD PA
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Robert W.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Tyler, TX 75703-5566	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Azalea Orthopedics & Sports Medicine
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Kunj Kishore	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258-4431	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Hand Center Of San Antonio

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/86 Rpt: 30/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Pratibha Amol	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Lufkin, TX 75904-5388		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhaliwal, Gurpreet S.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Burleson, TX 76028-7035		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickey, Russell A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Southlake, TX 76092-8591		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diego Rivera, M.D.P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Lubbock, TX 79415-2844		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dingler, Leonard Thomas	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Nocona, TX 76255-1102		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Nocona Medical Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/86 Rpt: 31/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohue-Torres, Joe Michael Sebastia <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79701-5846	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Memorial Hosp & Medical Center-Midland
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossul, Amena <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-1114	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. David R. Benavides, MD, P.A. <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreher, Beverly A. <hr/> Contributor address; City; State; Zip Code League City, TX 77573-3535	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rose Imaging Specialists, PA
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Ezekiel L. <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-1171	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abilene Family Medical Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/86 Rpt: 32/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James F.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bowie, TX 76230-4707	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Faith Community Hospital
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Sandra	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746-3709	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dysert, Linda	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-5225	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easley, James David	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Sealy, TX 77474-1239	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Guzman, M.D.P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Penitas, TX 78576	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/86 Rpt: 33/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, John D.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77009-5029	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Ear, Nose, Throat & Allergy Clinic
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elkousy, Hussein A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4706	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fondren Orthopedic Group, LLP
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellerbrook, Lowell H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Iowa Park, TX 76367-6944	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar-Vazquez, Edwin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75229-5835	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Diana	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79936-3390	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diana Escobedo MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/86 Rpt: 34/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Sandra <hr/> 6 Contributor address; City; State; Zip Code Weslaco, TX 78596-9411	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Kimberly L. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-4331	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Walter Francis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-3035	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Preston Hollow Womens Healthcare
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Roberto J. <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041-2024	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Clear Choice Physicians Group
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Gary W. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6459	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/86 Rpt: 35/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Michael Carter <hr/> 6 Contributor address; City; State; Zip Code Bullard, TX 75757-2997	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Specialty Eyecare of Tyler
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortes, Paul F. <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-5608	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Aesthetic Center for Plastic Surgery
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frame, Donald C. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-3566	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredrickson, Mark Allan <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-1350	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Midland Memorial Hospital
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Paul Ace <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3974	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/86 Rpt: 36/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frierson, Sabrina D.T.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79912-1532	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Em Care
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Alejandro Jesus	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78745-1193	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Acute Care Surgery
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Aimee C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75252-5441	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Center for Neurology and Neurophysiology, PA
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmer, William S.	Amount of Contribution (\$) \$212.50
	Contributor address; City; State; Zip Code Houston, TX 77005-2613	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) William S. Gilmer, MD, PA
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giuffrida, Denise J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77063-5105	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/86 Rpt: 37/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Eduardo A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76001-4603	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Family Healthcare Associates
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Sozer, Mariaelena	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code El Paso, TX 79912-4200	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodfriend, Barry H.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77056-4119	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gor, Henry	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Longview, TX 75605-4730	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diagnostic Clinic of Longview
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goss, Jordan Matthew	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76309-1200	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/86 Rpt: 38/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Michael Daniel <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-7802	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Michael D Grant MD, PA
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Blanca Lucia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-7600	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cano Health-Corpus Christi
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gripon, Edward B. <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7717	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero, Jorge <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-4022	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haider, Munawar <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-6922	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/86 Rpt: 39/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Robert Ware <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-5407	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Southwestern Medical Center
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Carlos R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3283	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Lynn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220-6412	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampel, Ori Z. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4910	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Adult & Pediatric Urology of Houston, LLP
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Robert H. <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-2708	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/86 Rpt: 40/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Linda Wahl	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Quanah, TX 79252-4607		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Hardeman County Memorial Hospital
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartmann, Aubrey C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Leander, TX 78641-8850		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dermatology Partners - Cedar Park
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Barbara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77056-4185		
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Harris M. Hauser, MD, PA
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Harris M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77056-4185		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausner, Richard J.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77024-5646		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Pathology & Laboratory Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/86 Rpt: 41/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hazbun, Munir Enrique <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-6604	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Southwest Pulmonary Associates
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healthy Days Pediatrics, P.A. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-1003	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heaven, Jill Struna <hr/> Contributor address; City; State; Zip Code Abilene, TX 79608-6486	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich, Michael S. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2513	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesia Scheduling, Inc.
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellemn, Michael E. <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-7363	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amazing Health Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/86 Rpt: 42/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkes, David Norman <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-2221	7 Amount of Contribution (\$) \$625.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Pathology Reference Laboratory, LLC
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Hernandez, Alejandro <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-7281	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Damon H. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79404-1317	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lubbock MEDical Associates LLP
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Joshua G. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79404-1632	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-7565	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/86 Rpt: 43/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Olayinka Omowunmi <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78045-6873	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) BETHSAIDANEPHROLOGY AND INTERNAL MEDICINE PLLC
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hombal, Shiril <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070-8182	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) AmeriPath - North Texas
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommer, Kitty <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2667	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Ken C. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-1907	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horsley, Sheila K. <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036-4346	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/86 Rpt: 44/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023-4492	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Precision Pathology
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iero, Phillip T. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5706	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bellaire Facial, Oral & Dental Implant Surgery
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ikram, Farukh Gabriel <hr/> Contributor address; City; State; Zip Code Plano, TX 75074-8934	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Methodist Hospitals of Dallas
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-7753	Amount of Contribution (\$) \$177.09
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isher PA <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377-8917	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/86 Rpt: 45/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Aris Nichols 6 Contributor address; City; State; Zip Code Redlands, CA 92373-4314	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Katherine N. Contributor address; City; State; Zip Code Redlands, CA 92373-4314	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, Harold Neil Contributor address; City; State; Zip Code Dallas, TX 75225-8128	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, Leah Hanselka Contributor address; City; State; Zip Code San Antonio, TX 78209-3302	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Leah Hanselka Jacobson, PLLC
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaleel, Mambarambath Abdul Contributor address; City; State; Zip Code Irving, TX 75063-5512	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/86 Rpt: 46/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Bernick, MD PA	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Baytown, TX 77521		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, John	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76309-1325		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Joseph Dillon	Amount of Contribution (\$) \$17.00
Contributor address; City; State; Zip Code Port Lavaca, TX 77979-5494		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Medical Clinic
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Paul E.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code San Marcos, TX 78667-0987		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kevin Bruce	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Mineral Wells, TX 76067-1701		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/86 Rpt: 47/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jumper, Cynthia Ann <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79416-4801	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kainth, Manvinder K. <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-2755	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Maple Primary Care
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamphaus, John Nichalos <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-7954	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Geode Health
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, David C. <hr/> Contributor address; City; State; Zip Code Snyder, TX 79549-6036	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) D M Cogdell Memorial Hospital
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Lunde, PA <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-5340	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/86 Rpt: 48/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khosla, Ankur <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-3432	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimbrough, Thomas Duke <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-7839	Amount of Contribution (\$) \$937.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Alisha Emmett <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-4201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Audie L. Murphy Memorial Veterans Hospital
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Craig Kent <hr/> Contributor address; City; State; Zip Code Longview, TX 75604-2716	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingman, Robert Graham <hr/> Contributor address; City; State; Zip Code Corsicana, TX 75110-1160	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical and Surgical Assoc of Corsicana

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/86 Rpt: 49/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Joseph A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Lufkin, TX 75901-7488	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Tall Pines Family Clinic
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koonsman, Martin Leroy	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75204-1615	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Russell W. H.	Amount of Contribution (\$) \$625.00
	Contributor address; City; State; Zip Code Houston, TX 77005-2204	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Facial Plastic Surgery Associates
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krol, Michael	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78750-8313	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Geriatric Specialists
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Pratima V.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78759-6421	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Medical Group - Seton Primary Care Trini

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/86 Rpt: 50/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumpati, Ganesh S. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-4917	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Acclaim Physician Group
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laine, Aaron Michael <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-1367	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Center for Cancer and Blood Disorders
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lairmore, Karen <hr/> Contributor address; City; State; Zip Code Shreveport, LA 71106-5500	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) 2017-18 TMAA President		Employer (See Instructions) Business Owner
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landers, Stephen A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4504	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Ear Nose & Throat, PA
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanys, Shane G. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-1614	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hillcroft Medical Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/86 Rpt: 51/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latif, Umar	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Frisco, TX 75035-9304		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) The Noesis Clinic
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Chevy Chu	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code McAllen, TX 78501-1106		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeman, Daniel J.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Georgetown, TX 78628-1211		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Comprehensive ENT Center of Texas PA
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, C. Turner	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75230-2360		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Pediatrics
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lichliter, Warren E.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75214-1932		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Colon and Rectal Associates PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/86 Rpt: 52/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lines, Polly	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Austin, TX 78738-5599		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Humberto	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75230-2962		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Humberto Lopez, MD PA
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Humberto	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75234-7845		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lown, Ira G.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78731-3724		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Hand Group
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maberry, Stephen D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109-3545		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Worth Dermatology Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/86 Rpt: 53/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macheledt, Janet E.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401-4826	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) MD Anderson Cancer Center
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Male, Richard Clark	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628-6886	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Medical Group
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malladi & Reddy PA	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Lufkin, TX 75904-3124	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malladi & Reddy PA	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Lufkin, TX 75904-3124	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manjit S. Randhawa MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Angleton, TX 77515	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/86 Rpt: 54/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marchand, Nathan <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77702-1434	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Reliant Physicians of Southeast Texas
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marchand, Sidney Albert <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7730	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Beaumont Dermatology/Family Practice
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marchetti, Jason M. <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75056-5720	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Male Fertility Specialists,P.A
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcos, Yolanda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-3182	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Marcos Medical Care
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo, Javier D. <hr/> Contributor address; City; State; Zip Code Rio Grande City, TX 78582-3211	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Starr County Memorial Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/86 Rpt: 55/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Perez DO, PA <hr/> 6 Contributor address; City; State; Zip Code Rockport, TX 78382-9781	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario R. Anzaldua MD, P.A. <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-2422	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Cesar A. <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-7174	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massingill, George Sealy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Patrick Allen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5856	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Consultants of San Antonio-Medica

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/86 Rpt: 56/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattson, Elizabeth Rhanee <hr/> 6 Contributor address; City; State; Zip Code Moody, TX 76557-3442	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ascension Medical Group - Temple
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Amy <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-3420	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCorkle, Allan James <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-7048	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Psychiatric Services
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElya, Martin G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-7703	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Neighborhood Medical Center
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee Medical, PA <hr/> Contributor address; City; State; Zip Code Midland, TX 79704	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/86 Rpt: 57/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee, Liz <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79704-4035	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGlynn, Edward Hugh <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566-4483	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Louis Victor <hr/> Contributor address; City; State; Zip Code Pecos, TX 79772-1253	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Reeves County Hospital
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, John Cooper <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75185-1750	Amount of Contribution (\$) \$89.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Hsiang Chi Cathy <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633-2203	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/86 Rpt: 58/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Nilay V. <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-2108	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meltzer, David William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-1119	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Esantsi MD PA <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-2759	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael F Bardwil, MDPA <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-1623	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Marsh M.D., P.A. <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76086-4703	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/86 Rpt: 59/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millard, Mark Warren <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75246-2073	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor Scott & White Advanced Lung Disease
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miner, Adam Seth <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-5622	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Adam S. Miner, MD PA
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mintz, Joshua S. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2676	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Modi, Okeny Druku <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-5583	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffat, David Douglas <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4026	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/86 Rpt: 60/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E.	7 Amount of Contribution (\$) \$208.34
	6 Contributor address; City; State; Zip Code Houston, TX 77005-3318	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMSH - Dept of Neurology
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monheit, Jacqueline G.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77096-1245	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montanez, Ruben	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code El Paso, TX 79934-3302	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Adam C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-0110	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Megan Michelle	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Prosper, TX 75078-8458	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Noble Anesthesia Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/86 Rpt: 61/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muller, Erica L.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75230-2932	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dallas Dermatology Partners
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munir, Yunib H.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Bedford, TX 76021-3545	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) M & S Radiology Associates
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naismith, Robert Alan	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1610	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Christi Urology Group
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasir, Dawood	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Plano, TX 75093-1902	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neavel, Celia B.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78703-1544	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) People's Community Clinic

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter Scott <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-7638	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Beaumont Dermatology/Family Practice
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Dennis Elbert <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006-4727	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hanh-Dieu Thi <hr/> Contributor address; City; State; Zip Code Plano, TX 75074-7517	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Plano Family Clinic, PLLC
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas, Donald Gene <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104-4105	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Timothy Dale <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-2738	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Urology Clinics of North Texas PLLC

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel, Richard L.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Spring, TX 77379-1462	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Alternative Services Network
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noemi Infante MD, PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550-8450	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordstrom, Leigh F.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75219-4415	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Family Medical Ctr-Midlothian
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L.	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogunro, Charity Mamaa Folashade	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75204-2732	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ogunro Hand To Shoulder Center

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogunro, Olabisi M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75237-3462	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ogunro Hand To Shoulder Center
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogunro, Olayinka E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Desoto, TX 75115-7406	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ogunro Hand To Shoulder Center
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Maria de Jesus	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504-2745	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pathology Associates of South Texas
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Joel Craig	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79121-1637	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otolaryngology Head & Neck Surgery Associates	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Texarkana, TX 75503-3013	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otolaryngology Head & Neck Surgery Associates <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75503-3013	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otolaryngology Head & Neck Surgery Associates <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503-3013	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozuah, Uchenna Christopher <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-9063	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Zidon Internal Medicine
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacheco Torres, Ricardo Alberto <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526-2836	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Brownsville Community Health Center
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Daniel J. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-2553	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of North Texas Health Science Center At

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, James Robert <hr/> 6 Contributor address; City; State; Zip Code Henrietta, TX 76365-6310	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Sunny Bharat <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2605	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Connie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2626	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7703	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix Medical Group
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedro P. Torres, M.D., P.A. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Michael S.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717-4537	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrik, Edward Wayne	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-1238	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Grant	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6711	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Tony A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77030-1118	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tony A Pham MD PA
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, Tina J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Leander, TX 78641-3195	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Oakwood Family Medical

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philomena Ukwade MD PA <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pho, Luan Quoc <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-3763	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pin, Paul Gordon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-3830	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinky S. Tiwari, MD PA <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinky S. Tiwari, MD PA <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Humble, TX 77347-0876	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) David P. Poindexter, MD
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Dean P.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77056-2319	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Eye Institute
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prestridge, Barry Barton	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308-2214	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texoma ENT & Allergy
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proffer, Patrick J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119-6526	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quan, Lawrence	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Trinity, TX 75862-2672	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lawrence Quan, MD PA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/86 Rpt: 70/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Mark Hoyle MD. PA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75234-1487	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R.R. Yalamanchili, M.D.P.A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77070-6317	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radusky, Ross Charles <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-1834	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Treatment & Research Center
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragupathi, Kuppusamy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-4653	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ram Kolluru MD PA <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-4436	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/86 Rpt: 71/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Everett P. <hr/> 6 Contributor address; City; State; Zip Code Crockett, TX 75835-6978	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangaraj, Gopikishan R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3905	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Geetha T. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4021	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix - Houston
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Vivek U. <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8947	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratnoff, William D. <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5157	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Steven F.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75230-1902	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Medical Imaging of Dallas, L.L.P.
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richwine, Kimberly Ann	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76126-1132	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritter, Robert Houston	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119-4970	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amarillo Urology Associates
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Eldon Stevens	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Lubbock, TX 79493-6685	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Roger R.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rochkind, Jessica Rose <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551-4632	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Texas Medical Branch (UTMB)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sarah Chance <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539-5540	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohm, Fred W. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-1806	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fred Rohm DO PA
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosado, Elenita L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2884	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) One Medical - Houston
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roxana Pagan-Maldanao <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/86 Rpt: 74/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rozo, Juan C.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Conroe, TX 77384-5501	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Methodist DeBakey Cardiology Associates
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushing, Gina S.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Greenville, TX 75402-8078	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rushing Family Practice, PLLC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadeghi, Payman	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77019-3637	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Headache Institute
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salimah Cumber MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77055	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel M Lam, MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Plano, TX 75093-8447	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/86 Rpt: 75/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sander, Hans M.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Austin, TX 78733-6120	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Dermatology Partners - Jollyville
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarker, Aziza Fatema	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77059-3174	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Greater Houston Kidney Specialists
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sartori, Michele P.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77004-7452	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satitpunwaycha, Pon	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Clyde Hill, WA 98004-3212	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyers, Richard A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2123	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Clinic-Buda Medical Center

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/86 Rpt: 76/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seade, Liz <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-7369	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seegers, Terry Ray <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4736	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidenfeld, Steven Meredith <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-1523	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrano, Steven Edward <hr/> Contributor address; City; State; Zip Code Pecos, TX 79772-2223	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrato, Jorge Rafael <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-6934	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laredo Medical Center

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafer, David R. 6 Contributor address; City; State; Zip Code Whitehouse, TX 75791-5754	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Linda G. Contributor address; City; State; Zip Code Austin, TX 78734-1524	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dell Children's Medical Group
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, S. Rizwan Contributor address; City; State; Zip Code Arlington, TX 76017-3745	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Jack Charles Contributor address; City; State; Zip Code Frisco, TX 75034-6809	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Mark M. Contributor address; City; State; Zip Code Fort Worth, TX 76110-1022	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shi, Wenliang <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-4074	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dallas E & W OB/GYN Clinic
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shiraz, Aaron Yambor <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3130	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Trinity Anesthesia PLLC
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shotwell, Joyce M. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75246-1808	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Lung Center, PA
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shringer, Akkamahadevi P. <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-5125	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shubert, Edward E. <hr/> Contributor address; City; State; Zip Code Spring, TX 77382-1852	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sierra-Hoffman, Miguel 6 Contributor address; City; State; Zip Code Victoria, TX 77901	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Infectious Disease & Pulmonary Consultants, PLLC
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Deborah A. Contributor address; City; State; Zip Code Houston, TX 77098-1167	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonson, Robert Barkley Contributor address; City; State; Zip Code Duncanville, TX 75137-3736	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Sapna Contributor address; City; State; Zip Code Sugar Land, TX 77479-3417	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TCP - Sugar Land
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sirak, Eden Tewabech Contributor address; City; State; Zip Code Richardson, TX 75082-2862	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skiendzielewski, J. Andrew	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Southlake, TX 76092-8929	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Southlake Vein Care
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Charlotte Hoehne	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Laclede, ID 83841-0306	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Physiatry
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Frances A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77009-7616	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lance S.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Azle, TX 76020-5429	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, R. Glenn	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77062-2333	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Neurological Institute

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Jaicus	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code San Angelo, TX 76904-9002		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Shannon Clinic
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Laredo Family Clinic, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Memorial Physician Associates, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77074-1809		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedman, Horis Tilton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Marble Falls, TX 78654-0819		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family Wellness Center, PA
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Mack D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Tyler, TX 75703-0925		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Solo Practice - Pure Radiance

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strobel, Gennell DeAn	7 Amount of Contribution (\$) \$16.50
6 Contributor address; City; State; Zip Code Sherman, TX 75090-5000		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) G. Dean Strobel, MD PA
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Haley D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Benbrook, TX 76126-2222		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TeamHealth/EMC
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Jessica D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78737-4921		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TeamHealth EM West
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartz, Lauren F.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plainview, TX 79072-6528		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Covenant Medical Group
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swett, David D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Marble Falls, TX 78654-5911		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Heart-Marble Falls

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tan, Edward Hauwsien <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504-3088	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanveer F Syed, MD PA <hr/> Contributor address; City; State; Zip Code Houston, TX 77082-6895	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanya R. Grun, M.D. PA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-4135	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Brettly Joel <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-5479	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dr. Brettly J. Teague, PLLC
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teller, Craig F. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5728	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bellaire Dermatology Associates

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/86 Rpt: 84/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tew, Stephen A.	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005-2724	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Stephen Tew, MD
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Hill Country Orthopaedics & Sports Medicine PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Hill Country Orthopaedics & Sports Medicine PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Hill Country Orthopaedics & Sports Medicine PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jacob, Jenny	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-3900	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Veterans HCS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/86 Rpt: 85/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tibrewal, Anil Kumar <hr/> 6 Contributor address; City; State; Zip Code Duncanville, TX 75116-4905	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilton, Josiah Batchelder <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-2232	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Robins MD PA <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy K. Colgan, MD PA <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77702	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomanec, Alainya V. <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380-6181	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toronjo, Walter David <hr/> 6 Contributor address; City; State; Zip Code Huntsville, TX 77342-1432	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Elizabeth <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-2105	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Premier Internal Medicine Assoc PA
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trester, Elliot J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5635	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Family Practice
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Ernesto <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-2214	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troutt, Thomas <hr/> Contributor address; City; State; Zip Code Paris, TX 75460-6307	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truong, Thao Minh <hr/> 6 Contributor address; City; State; Zip Code Port Lavaca, TX 77979-0087	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Memorial Medical Clinic
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tynan, Leo Costello <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-6578	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fredericksburg Clinic, P A
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukoli, Preston M. <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526-1863	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ukoli Care Clinic, PA
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urquhart, Bradford A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77063-2464	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Ear Nose & Throat Specialists, PA <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-2959	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/86 Rpt: 88/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Ear Nose & Throat Specialists, PA	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code McAllen, TX 78501-2959		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Ear Nose & Throat Specialists, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code McAllen, TX 78501-2959		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasco, Cesar Baquiran	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Victoria, TX 77904-1643		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Victoria Medical & Rehabilitation Associates, PA
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasco, Maria Christina Robles	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Victoria, TX 77904-1643		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Victoria Medical & Rehabilitation Associates, PA
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Lonnie L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Brady, TX 76825-7746		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Brady Medical Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/86 Rpt: 89/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vigo, Paul G.	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Austin, TX 78739-1938		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Allergy & Asthma Consultants
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vijjeswarapu, Daniel V.	Amount of Contribution (\$) \$625.00
Contributor address; City; State; Zip Code San Antonio, TX 78253-6283		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CentroMed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, E. Linda	Amount of Contribution (\$) \$208.34
Contributor address; City; State; Zip Code Edinburg, TX 78541-4651		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Nelson MD PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77254-0123		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Shannon S.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78701-1672		
Principal occupation / Job title (See Instructions) AVP, Health Information Technology		Employer (See Instructions) Texas Medical Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/86 Rpt: 90/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vourazeris, Jason Duane	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code El Paso, TX 79912-3405		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ortho El Paso PA
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wajima, Yutaka	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78731-5840		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiovascular Anesthesiology, PA
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, James Stefan	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3316		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Christi Medical Associates
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walls, Michael James	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code The Woodlands, TX 77381-6642		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warmoth, Taylor Brianne	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Lubbock, TX 79416-5725		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arthritis & Osteoporosis Assoc., LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/86 Rpt: 91/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendl-Aoshima, Brittany <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2676	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Joseph Lee Brett <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5249	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy & Asthma Specialists of Dallas
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westbrook, Benjamin James <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-5008	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Head and Neck Surgery
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whisenant, Norman M. <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5827	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitfield, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-8030	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/86 Rpt: 92/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-3105	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Key Whitman Eye Center, PA
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Jarrod S. <hr/> Contributor address; City; State; Zip Code New Boston, TX 75570-2821	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Peterson Medical Associates, PLLC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Moses E. <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77044-2084	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Moses E. Wilcox Sr MD PA
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William B Shay, MD, PA <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901-5743	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Benecia Tracee <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-6111	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Physical Medicine and Rehabilitation - Fort Worth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/86 Rpt: 93/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605-7706	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Urology Specialists - Longview
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willits, Jamie L. <hr/> Contributor address; City; State; Zip Code Hawley, TX 79525-2836	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abilene Family Medical Associates
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wills, Martha P. <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182-8467	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Martha P. Wills MD FACS PA
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winsett, Owen E. <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1700	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wittpenn, Gregory Paul <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2269	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) New Horizons Plastic Surgery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/86 Rpt: 94/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wollaston, Dianne E. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77270-0885	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Memorial Advanced Rheumatology
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Beverly G. <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-5436	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Generations OB/GYN Group, PA
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, John B. <hr/> Contributor address; City; State; Zip Code Port Lavaca, TX 77979-5221	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Port Lavaca Clinic Associates, PA
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xiao, Cindy Y. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-5528	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaker, Natan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-7912	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/86 Rpt: 95/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yawn, David H.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Rusk, TX 75785-4317	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Richard Joe	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code South Padre Island, TX 78597-6501	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Specialists
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Rodney B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79124-3904	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ Family Health Center-Cli
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yusoof, Syed Ather	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79912-6437	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panacea Clinic

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/2 Rpt: 96/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/08/2024	5 Corporation / Labor Organization name Adolfo R. Rama, MD, PLLC	6 Amount (\$) 99.00
Date 01/02/2024	Corporation / Labor Organization name Aesthetic and Reconstructive Therapeutics, PLLC	Amount (\$) 99.00
Date 01/17/2024	Corporation / Labor Organization name Alliance OB-GYN Specialists PLLC	Amount (\$) 99.00
Date 01/10/2024	Corporation / Labor Organization name Austin Family Allergy & Asthma	Amount (\$) 99.00
Date 01/17/2024	Corporation / Labor Organization name Cosmetic Surgery Associates of Texas, LLC	Amount (\$) 99.00
Date 01/09/2024	Corporation / Labor Organization name Dallas Plastic Surgery Institute, PA	Amount (\$) 99.00
Date 12/27/2023	Corporation / Labor Organization name East Texas Clinic Association	Amount (\$) 99.00
Date 12/27/2023	Corporation / Labor Organization name First Physicians, PLLC	Amount (\$) 99.00
Date 12/27/2023	Corporation / Labor Organization name First Physicians, PLLC	Amount (\$) 99.00
Date 01/03/2024	Corporation / Labor Organization name GMG Clinical Research, LLC	Amount (\$) 99.00
Date 01/08/2024	Corporation / Labor Organization name Harris Health System	Amount (\$) 99.00
Date 01/10/2024	Corporation / Labor Organization name Kidney & Hypertension Associates of Dallas	Amount (\$) 99.00
Date 01/22/2024	Corporation / Labor Organization name LG Neurology & Neurophysiology Clinic Support Services LTD	Amount (\$) 99.00
Date 12/26/2023	Corporation / Labor Organization name Lone Star Pain Medicine, PLLC	Amount (\$) 99.00
Date 01/22/2024	Corporation / Labor Organization name Monzer H Yazji and Associates, PLLC	Amount (\$) 99.00
Date 01/16/2024	Corporation / Labor Organization name South Texas Primary Care Clinic	Amount (\$) 99.00
Date 01/09/2024	Corporation / Labor Organization name Southern Oklahoma Kidney Ctr, Inc.	Amount (\$) 99.00
Date 01/08/2024	Corporation / Labor Organization name Suburban Women's Clinic	Amount (\$) 99.00

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 2/2 Rpt: 97/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Corporation / Labor Organization name Syed A Raza MD, PLLC	6 Amount (\$) 99.00
Date 01/24/2024	Corporation / Labor Organization name Tei and Associates LLC	Amount (\$) 99.00
Date 01/09/2024	Corporation / Labor Organization name Texas Integrative Medicine & Cardiology PLLC	Amount (\$) 99.00
Date 12/27/2023	Corporation / Labor Organization name Unified Women's Healthcare of Texas, PLLC	Amount (\$) 99.00
Date 01/08/2024	Corporation / Labor Organization name Urgent Care TX	Amount (\$) 99.00

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

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 98/105
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/22/2024	5 Corporation / Labor Organization name Texas Medical Association	6 Amount (\$) 20,456.47

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 99/105	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 01/18/2024	5 Payee name Angelia Orr for Texas House
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 337 Itasca, TX 76055
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Angelia Orr, STATE HOUSE 13th TX
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/18/2024	Payee name Bhojani for Texas
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 392 Eules, TX 76039
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salman Bhojani, STATE HOUSE 92nd TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2024	Payee name Cody Harris for State Representative
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Avenue A. Palestine, TX 75801
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cody Harris, STATE HOUSE 8th TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 100/105	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 01/18/2024	5 Payee name Elizabeth Liz" Campos Campaign"
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6 Amount (\$) \$7,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1028 Rigsby San Antonio, TX 78210
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Elizabeth Campos, STATE HOUSE 119th TX
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2024	Payee name Frazier for Texas
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4100 Eldorado Pkwy, Ste. 100 PMB 241 McKinney, TX 75070
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frederick Frazier, STATE HOUSE 61st TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/17/2024	Payee name Glenn Rogers Campaign
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Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 11 Graford, TX 76449
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Glenn Rogers, STATE HOUSE 60th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/7 Rpt: 101/105	2	FILER NAME Texas Medical Association Political Action Committee	3	Filer ID (Ethics Commission Filers) 00015658
4	Date 01/24/2024	5	Payee name Hubert Vo Campaign		
6	Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7	Payee address; City; State; Zip Code P.O. Box 2227 Alief, TX 77411		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hubert Vo, STATE HOUSE 149th TX		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/24/2024	Payee name Hugh Shine for State Representative			
	Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 793 Temple, TX 76503			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hugh Shine, STATE HOUSE 55th TX		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/17/2024	Payee name Jacey Jetton for State Representative			
	Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1108 Soldiers Field Drive Suite 360 Sugar Land, TX 77479			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacey Jetton, STATE HOUSE 26th TX		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 102/105	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 01/08/2024	5 Payee name James Frank Campaign
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3808 B. Kemp Blvd. Ste. 321 Wichita Falls, TX 76308
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense James Frank, STATE HOUSE 69th TX
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2024	Payee name Jay Dean For Texas
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1005 Congress Avenue Suite 910 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jay Dean, STATE HOUSE 7th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2024	Payee name Justin Holland Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3021 Ridge Rd. Ste. A, Box 79 Rockwall, TX 75032
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Justin Holland, STATE HOUSE 33rd TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 103/105	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 01/25/2024	5 Payee name Keith Bell Campaign
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 1178 Forney, TX 75126
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Keith Bell, STATE HOUSE 4th TX
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2024	Payee name Krona Thimesch Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 118978 Carrollton, TX 75011-8978
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Krona Thimesch, STATE HOUSE 65th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/24/2024	Payee name Lynn Stucky Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 464 Denton, TX 76202
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lynn Stucky, STATE HOUSE 64th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/7 Rpt: 104/105	2	FILER NAME Texas Medical Association Political Action Committee	3	Filer ID (Ethics Commission Filers) 00015658
4	Date 01/08/2024	5	Payee name Matt Shaheen for State Representative		
6	Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7	Payee address; City; State; Zip Code 1732 Cathedral Dr. Plano, TX 75023		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Matt Shaheen, STATE HOUSE 66th TX		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/25/2024		Payee name Perkins, Chris		
	Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 1005 Congress Ave Ste 460 Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaking Honorarium January 2024		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/14/2024		Payee name Reggie Smith Campaign		
	Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 111A N. Travis Ste. 5 Sherman, TX 75090		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reggie Smith, STATE HOUSE 62nd TX		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 105/105	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2024	5 Payee name Steve Allison Campaign	
6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 14546 Brook Hollow Blvd Box #511 San Antonio, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Steve Allison, STATE HOUSE 121st TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held