



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 57.76
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75,989.10
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 235,983.18
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 280,907.66
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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<b>12 COMMITTEE NAME</b> Texas Medical Association Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00015658
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Pat Curry State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Pete Sessions U.S. Rep. 17th TX  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Ann Johnson State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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

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

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

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Medical Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015658
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 49,467.50
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	\$ 693.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 25,828.60
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 235,947.43
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 35.75
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/52 Rpt: 15/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abbas, Qammar <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wylie, TX 75098-1276	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Pulmonary and Critical Care Professionals, PLLC
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abraham, Joyce J. <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032-8930	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Agrons, Michelle M. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-6306	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Partners Houston
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Agullo, Francisco J. <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912-6411	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southwest Plastic Surgery
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahmed, Shakil <hr/> Contributor address; City; State; Zip Code  Prosper, TX 75078-7269	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Richardson Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/52 Rpt: 16/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aleman, Micaela	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-1805		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Lone Star Urology
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Everett H.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78212-2318		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rheumatology Associates of South Texas
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almond, P. Stephen	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78418-9302		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Children's Physician Services of South Texas
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arias, Sonia L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Allen, TX 75013-5670		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Auerbach, David M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Plano, TX 75093-4347		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/52 Rpt: 17/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayar, Divyang C. ..... 6 Contributor address; City; State; Zip Code  Pearland, TX 77584-0031	7 Amount of Contribution (\$)  \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Coastal Vascular Center
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baddour, Ruby T. ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-5809	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bajaj, Gurpreet Singh ..... Contributor address; City; State; Zip Code  Southlake, TX 76092-4224	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Orthopedics and Spine Specialists
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barstow, Douglas G. ..... Contributor address; City; State; Zip Code  Austin, TX 78757-1645	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy Partners of Austin
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bayazitoglu, Lisa Marie ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1336	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/52 Rpt: 18/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Behr, Donald A.	<b>7</b> Amount of Contribution (\$)  \$99.00
	<b>6</b> Contributor address; City; State; Zip Code  Graham, TX 76450-6239	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Matthew Claytor	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75206-0123	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Family Medicine Clinic - Nort
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berger, Alisa M.	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  College Station, TX 77845-8807	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bhalla, Rajinder Kumar	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401-4705	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Comprehensive Cardiology
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bietry, Raymond Emile	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Austin, TX 78705-1014	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Seton Heart Specialty Care & Transplant Ctr

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/52 Rpt: 19/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bishop, Clayton <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78552-0134	<b>7</b> Amount of Contribution (\$)  \$16.50
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bleier, Joseph Tracy <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402-5496	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EmCare Inc
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boatsman, Justin E. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-3702	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boys, Gregory J. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248-2426	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brahmbhatt, Naishadh <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-4004	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/52 Rpt: 20/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockie, Robert Edwin	7 Amount of Contribution (\$)  \$99.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75254-2814	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Health Heart & Vascular Specialists
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Dwane G.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-6110	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Medical
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burk, Linda Lorine	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75220-3917	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burluson, James Ray	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Snyder, TX 79550-1401	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) D M Cogdell Memorial Hospital
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burzynski, Stanislaw R.	Amount of Contribution (\$)  \$55.00
	Contributor address; City; State; Zip Code  Houston, TX 77042-2127	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Burzynski Clinic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/52 Rpt: 21/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cabrera, Leopoldo A.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424-6588	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Community Health Center of Lubbock
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Stephen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Plano, TX 75093-4021	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canales, Roberto	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79912-3403	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cannan, Susan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601-5123	
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Big Country County Medical Society
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canterbury, Christine Leigh	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-2537	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Christi Women's Clinic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/52 Rpt: 22/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier	<b>7</b> Amount of Contribution (\$) \$208.34
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501-3735	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) South Texas Gastroenterology
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, David William	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75214-3750	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David Carlson, MD PA
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Kimberly	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-3764	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University Physician Group - Women's Health
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Phyllis Clara	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Bryan, TX 77802-2547	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Digestive Disease Assoc, PA
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Amy Marie	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78681-2247	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Womens Health Domain

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/52 Rpt: 23/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, Paulette Z. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005-2806	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrative		<b>9</b> Employer (See Instructions) Anthony Chavez, M.D., P.A.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen, Sean <hr/> Contributor address; City; State; Zip Code  Walnut, CA 91789-3855	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Associates of Denison
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chike-Obi, Chuma J. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-2038	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Children's Clinic of Lufkin <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75904-3359	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2024	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/52 Rpt: 24/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigarroa, Ricardo Joaquin	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045-7530		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Laredo Cardiovascular Consultants, PA
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Joe L.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209-8308		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Adult and Pediatric Rheumatology
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, John F.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Abilene, TX 79606-5021		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - General Surgery
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Donald R.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77004-6932		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Biggs and Collins, PA
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Rebecca R.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75248-5521		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Children's Health



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/52 Rpt: 25/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Charles Everett <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038-5900	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Center for Foot and Ankle Restoration
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crow, Keith A. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249-2080	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Custis, Trenton D. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-5605	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Associated Dermatologists PA
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cutbirth, Amanda W. <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418-7505	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) 2019 County President		Employer (See Instructions) Business Owner
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dagen, Jennifer D. <hr/> Contributor address; City; State; Zip Code  Lucas, TX 75002-3708	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/52 Rpt: 26/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dalrymple, Neal C.	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Shavano Park, TX 78249-2065	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniel, Michael E.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79124-4951	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) High Plains Radiological Association, LLP
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Darmadi, Daniel H.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77059-5602	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Consultants, PA
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daum, Paul Walter	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Mansfield, TX 76063-6414	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, George M.	Amount of Contribution (\$) \$33.00
	Contributor address; City; State; Zip Code  Conroe, TX 77384-1553	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) George M. Davis, MD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/52 Rpt: 27/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, James P.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Freeport, TX 77541-7909	
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Riese, Cornelia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79410-2229	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Brownfield Regional Medical Center
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Decker, William L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77024-7026	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Eye Institute
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derbes, Christopher J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Bryan, TX 77802-2547	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Desai, Prakash K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79124-1736	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amarillo Heart Institute

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/52 Rpt: 28/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deshpande, Amol Sudakar	<b>7</b> Amount of Contribution (\$) \$99.00
	<b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75904-5388	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Children's Clinic of Lufkin, PA
<b>Date</b> 01/28/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diaz, Andrew	<b>Amount of Contribution (\$)</b> \$99.00
	<b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76116-9411	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Graham Regional Medical Center
<b>Date</b> 02/21/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dickey, Nancy W.	<b>Amount of Contribution (\$)</b> \$99.00
	<b>Contributor address; City; State; Zip Code</b>  College Station, TX 77845-9644	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Texas A&M Univ Sys HSC
<b>Date</b> 01/29/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillard, Robert Lee	<b>Amount of Contribution (\$)</b> \$99.00
	<b>Contributor address; City; State; Zip Code</b>  Wichita Falls, TX 76310-0381	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Titanium Emergency Group, LLP
<b>Date</b> 01/31/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donachie, Nancy Davis	<b>Amount of Contribution (\$)</b> \$99.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093-7597	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/52 Rpt: 29/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donna Jordan D.O., P.A.	<b>7</b> Amount of Contribution (\$) \$300.00
<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dossett, Lucy McCauley	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code  Roanoke, TX 76262-0619		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duchicela, Jorge A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Weimar, TX 78962-2703		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Youens, Duchicela & Associates, P.A.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyrstad, Sara Suzanne	Amount of Contribution (\$) \$600.00
Contributor address; City; State; Zip Code  Odessa, TX 79762-9343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology - Amarillo Cancer Center
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ear, Nose & Throat Associates of Corpus Christi	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1821		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/52 Rpt: 30/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erwin, Ann	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76112-3971		
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobedo, Diana	Amount of Contribution (\$)  \$16.50
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
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Estess, Sandra	Amount of Contribution (\$)  \$55.00
Contributor address; City; State; Zip Code  Dallas, TX 75220-2255		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fain, Becky A.	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78746-6843		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Feng, Sing-Yi	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75206-6871		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/52 Rpt: 31/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fierros, Melinda Gloria	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249-2480		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fiesinger, Troy T.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Houston, TX 77096-3910		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Medical
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleishman, Justin N.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Plano, TX 75075-3305		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fogle, Lindsey N.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77019-4021		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) White Oak Medical Associates
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frasser, Sandra G.	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613-2232		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) People's Community Clinic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/52 Rpt: 32/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fredrickson, Mark Allan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79707-1350	<b>7</b> Amount of Contribution (\$)  \$49.50
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Midland Memorial Hospital
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gajula, Leka <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-3427	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Jack David <hr/> Contributor address; City; State; Zip Code  Cleveland, TX 77328-7663	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical Sleep Solutions, PLLC
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garretson, Melissa J. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-1909	Amount of Contribution (\$)  \$901.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Physicians Network
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Erica C. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-2520	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wildflower OB/GYN



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/52 Rpt: 33/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Genzel, Robert Bruce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-4025	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) George Madjitey, M.D. PA <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-8941	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) 
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerik, Jeffrey Charles <hr/> Contributor address; City; State; Zip Code  Waco, TX 76708-2310	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Hillcrest - X-Ray Physicians
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gill, John T. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-8471	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Sports Medicine Specialists
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Stevan A. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2506	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Liver Consultants of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/52 Rpt: 34/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Wayne D.	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78553-4239		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Wayne D. Green, M.D., P.A.
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero, Richard	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  El Paso, TX 79928-8642		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Gastroenterology Consultants, P.A.
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulbas, Paul Stephen	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  El Paso, TX 79922-1751		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Eye Surgeons, PA
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, J. Santiago	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Laredo, TX 78041-2262		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) J. Santiago Gutierrez, MD, PA
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haden, James Russell	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75220-1907		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) James R. Haden, MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/52 Rpt: 35/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Han, Wei <hr/> <b>6</b> Contributor address; City; State; Zip Code  Magnolia, TX 77354-3562	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Magnolia Family Medicine
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heafer, Harold Arthur <hr/> Contributor address; City; State; Zip Code  Kemp, TX 75143-5565	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Healy, Mark Edward <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230-5617	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Kathleen C. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1803	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Michelle <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-3929	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/52 Rpt: 36/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hirani, Zishan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024-7489	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Kelsey-Seybold Clinic
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hite, Suzanne M. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6507	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TCP - Ripley House
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hnatek, Joe D. <hr/> Contributor address; City; State; Zip Code  Brenham, TX 77833-5124	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Clinic-Brenham
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hodges, Leisa Lacombe <hr/> Contributor address; City; State; Zip Code  Plano, TX 75094-4660	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoggatt, Matthew D. <hr/> Contributor address; City; State; Zip Code  League City, TX 77573-4695	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Hermann Medical Group - Urology Associate

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 23/52 Rpt: 37/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. ..... 6 Contributor address; City; State; Zip Code  Waco, TX 76712-7565	7 Amount of Contribution (\$)  \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd ..... Contributor address; City; State; Zip Code  Helotes, TX 78023-4492	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, George William ..... Contributor address; City; State; Zip Code  Dallas, TX 75205-3732	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C. ..... 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 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iwaloye, Femi D. ..... Contributor address; City; State; Zip Code  El Paso, TX 79936-8057	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Femi David Iwaloye MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/52 Rpt: 38/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobson, Leah Hanselka	<b>7</b> Amount of Contribution (\$)  \$16.50
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209-3302		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Leah Hanselka Jacobson, PLLC
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jalees, Filza	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Shenandoah, TX 77384-2043		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Magnolia Family Medicine
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jeffrey P. Gaitz, M.D., P.A.	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77008-1433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jobe, Taylor	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78746-5631		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Medical Group - Seton Orthopedics
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John B. Clemmons, Jr. M.D., P.A.	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77004-7009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/52 Rpt: 39/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Kurt	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032-7808		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Lake Pointe Orthopedic Association, PA
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jumper, Cynthia Ann	Amount of Contribution (\$) \$208.34
Contributor address; City; State; Zip Code  Lubbock, TX 79424-5001		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kapadia, Darshan K.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Plano, TX 75024-1100		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Associates of West Plano
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kay, Thomas Milton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  New Braunfels, TX 78130-3921		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ketron, Lowell Lane	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Montgomery, TX 77356-2003		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Healing Hearts Clinic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/52 Rpt: 40/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Faraz A.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024-7507	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Zeshan Malik	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Carrollton, TX 75006-1514	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas-Fort Worth Anesthesia Providers
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khu, Richard Corvera	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79121-1947	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) High Plains Radiological Association, LLP
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kikkeri, Nagaraj S.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75225-4824	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Advanced Pain Solutions
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koehler, Michelle Z.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132-1675	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/52 Rpt: 41/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kridel, Russell W. H.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005-2204	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Facial Plastic Surgery Associates
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krohn, Kyle Gregory	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lufkin, TX 75904-5380	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krueger, Jeffery Keith	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75205-2926	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kruger, Ariel Y.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78209-8310	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kurth, Christian Daniel	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75206-8747	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/52 Rpt: 42/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalani, Suleman	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-2899		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Sugar Land Geriatric & Medical Associates
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamping, Dorothy R.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Cypress, TX 77433-2087		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Primary Care Group - Cypress
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, David D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77024-5438		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/17/2024	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 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liaw, Stephen	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  San Antonio, TX 78230-5748		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 29/52 Rpt: 43/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linsteadt, Joanna R.	7 Amount of Contribution (\$)  \$99.00
	6 Contributor address; City; State; Zip Code  Corpus Christi, TX 78404-2212	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Abdominal Specialists of South Texas, LLP
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippe, Tyson K.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Austin, TX 78749-1118	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Family Care Center
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loukas, Janis	Amount of Contribution (\$)  \$55.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-5211	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubrano, Philip J.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Crowley, TX 76036-2072	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) NorthStar Anesthesia, PA
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Travis D.	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78258-4670	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/52 Rpt: 44/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Macferran, Mary H.	<b>7</b> Amount of Contribution (\$) \$55.00
<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79705-1816		
<b>8</b> Principal occupation / Job title (See Instructions) Administrative		<b>9</b> Employer (See Instructions) Centers for Children & Families
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maharaj-Mikiel, Indira C.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Kerrville, TX 78028-9308		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kerrville State Hospital
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mai, Phi	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code  Groves, TX 77619-5937		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maris, Michael Lynn	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Plano, TX 75093-4002		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marshall, Zachary W.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77005-1283		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) McGovern Allergy and Asthma Clinic, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/52 Rpt: 45/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Jose Ricardo	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Winnsboro, TX 75494-2604		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) UT Health East Texas- PMG
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Marcos	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Plano, TX 75075-3564		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marvin, Joseph Ernest	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75207-3308		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TeamHealth/EMC
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matter in Motion Rehabilitation PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  San Antonio, TX 78260-2207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McAlister, Wade P.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77006-6318		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Orthopedic Surgery

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/52 Rpt: 46/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDonald, Cheryl K. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1134	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Texas Center for Infectious Disease Associates
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McHugh, Ryan <hr/> Contributor address; City; State; Zip Code  Port Neches, TX 77651-2128	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKenzie, Kristi H. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-4320	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OB Hospitalist Group
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKinney, Kevin Hood <hr/> Contributor address; City; State; Zip Code  Dickinson, TX 77539-3900	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB John Sealy School of Medicine
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercado, Steven A. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253-5807	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Steve A. Mercado, MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/52 Rpt: 47/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middlebrook, Michael Rhodes	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78257-1306		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miers, Jeb Stuart	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75225-7726		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Internal Medicine
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Mark Raymond	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Richardson, TX 75082-2769		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Digestive Health Associates of Texas, PA DHAT
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molina, Martin C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78730-3593		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Family Physicians at River Place
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monday, Kimberly E.	Amount of Contribution (\$) \$208.34
Contributor address; City; State; Zip Code  Houston, TX 77005-3318		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/52 Rpt: 48/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mootha, Ravi K.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093-8517	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) North Texas Urology
<b>Date</b> 02/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Meredith V.	<b>Amount of Contribution (\$)</b> \$99.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77005-2330	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Women's Care At Museum's Gate
<b>Date</b> 02/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Richard G.	<b>Amount of Contribution (\$)</b> \$16.50
	<b>Contributor address; City; State; Zip Code</b>  College Station, TX 77840-2628	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Mutual Medical, Inc.
<b>Date</b> 01/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Musser, James M.	<b>Amount of Contribution (\$)</b> \$99.00
	<b>Contributor address; City; State; Zip Code</b>  Bellaire, TX 77401-4817	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Houston Methodist Hospital - Pathology & Genomic M
<b>Date</b> 02/22/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Myatt, James P.	<b>Amount of Contribution (\$)</b> \$99.00
	<b>Contributor address; City; State; Zip Code</b>  Waco, TX 76710-1024	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Waco Heart & Vascular



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/52 Rpt: 49/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Naylor, Debra Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75022-5906	<b>7</b> Amount of Contribution (\$) \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neville, Richard Burke <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-2615	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arlington Emergency Medicine Associates
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Brandon Son Truong <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734-1171	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tricity Pain Associates PA
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nirmal S Bual MD PA <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429-4697	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordstrom, Jason R. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-4415	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Family Medical Ctr At Red Oak

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/52 Rpt: 50/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norrell, Stacy L. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Magnolia, TX 77355-1836	<b>7</b> Amount of Contribution (\$)  \$83.34
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nueces County Women's Clinic, PA <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nueces County Women's Clinic, PA <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nueces County Women's Clinic, PA <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Dwyer, Joseph M. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-1451	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/52 Rpt: 51/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ong, Stacy E. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-4706	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) North Austin Urology
<b>Date</b> 02/22/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Justin D. <hr/> <b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79922-2003	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 02/20/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orsi, Michael Dana <hr/> <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78232-2824	<b>Amount of Contribution (\$)</b>  \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> South Texas Radiology Group, P.A.
<b>Date</b> 02/01/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padakandla, Udaya Bhaskar <hr/> <b>Contributor address; City; State; Zip Code</b>  Carrollton, TX 75010-1145	<b>Amount of Contribution (\$)</b>  \$2,167.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> USAP
<b>Date</b> 02/20/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pallan, Pablo Isaac <hr/> <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78256-1666	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> South Texas Radiology Group, P.A.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/52 Rpt: 52/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Park Cities Dermatology, PA <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225-5982	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parnell, Deborah <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-2313	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Amish <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-5322	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Dipan L. <hr/> Contributor address; City; State; Zip Code  Shavano Park, TX 78230-5641	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Mohita A. <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033-0694	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USMD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/52 Rpt: 53/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearse, Lee Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75244-7703	<b>7</b> Amount of Contribution (\$)  \$208.34
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Pediatrix Medical Group
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedro M. Arguello, MD, PA <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055-7440	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) 
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poindexter, David P. <hr/> Contributor address; City; State; Zip Code  Humble, TX 77347-0876	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollock, Todd Alan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-2742	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Plastic Surgery Associates, PA
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ponce De Leon, Anne Marie <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-2554	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/52 Rpt: 54/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Mia B.	<b>7</b> Amount of Contribution (\$)  \$55.00
	<b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76205-8532	
<b>8</b> Principal occupation / Job title (See Instructions) TMAA President 2007-2008		<b>9</b> Employer (See Instructions) Business Owner
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pugh, Martha E.	Amount of Contribution (\$)  \$55.00
	Contributor address; City; State; Zip Code  Freeport, TX 77541-7909	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Race, James E.	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75224-3000	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Home Visiting Doctors Management
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramin R. Samadi, M.D. P. A.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4141	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Sylvester G.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Kerrville, TX 78028-2748	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/52 Rpt: 55/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redish, Maureen	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75209-3330		
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Resendez, Adelaida	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Victoria, TX 77904-1130		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rice-Dorrough, Mollie	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75229-2722		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Methodist Health System
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rinard, Katherine Leigh	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Abilene, TX 79606-4385		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Urology
Date 02/17/2024	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/52 Rpt: 56/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Jon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082-3872	<b>7</b> Amount of Contribution (\$)  \$600.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP/CEO		<b>9</b> Employer (See Instructions) Dallas County Medical Society
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saadeh, Constantine Khalil <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109-2114	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy A.R.T.S., LLP
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jorge <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596-9602	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Jorge Saenz, MDPA
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Heriberto <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033-6700	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Homero R. <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78044-2761	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/52 Rpt: 57/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmast, Shehnaz Aysha Zaman <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denison, TX 75020-4506	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Dermatology Associates of Denison
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmiento, Don Jose <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304-1785	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saunders, Ginger <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701-2909	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schoettle, Byron Wayne <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77385-4369	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valley Radiologists & Associates
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silva, Ezequiel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-8307	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/52 Rpt: 58/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simon, Terry L.	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098-1167		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siy, Linda M.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76109-5436		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acclaim Physician Group
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Karen Van Matre	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Manor, TX 78653-3768		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health-Central Texas
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snellings, Mary B.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Arlington, TX 76017-8211		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snider, Lynn	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code  Dallas, TX 75225-8136		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/52 Rpt: 59/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snodgrass, Priscilla Carter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79407-2324	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soler-Banchs, Gabriella Marie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-0001	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soliman, Mona MAHMOUD MAIWAD <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584-3500	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wael Asi, MD PA
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steines, Michael William <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-4541	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Michael W. Steines, MD PA
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Clayton <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1672	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Vice President, Public Affairs-Chief Lobbyist		Employer (See Instructions) Texas Medical Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/52 Rpt: 60/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Street, Austin D.	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229-2722		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) UT Southwestern Medical Center
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strobel, Gennell DeAn	Amount of Contribution (\$)  \$16.50
Contributor address; City; State; Zip Code  Sherman, TX 75090-5000		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) G. Dean Strobel, MD PA
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suba, Steven A.	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76132-1163		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Grace Obstetrics & Gynecology
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sun, Lucy	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75201-0900		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swart, Jennifer Estelle	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209-4629		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/52 Rpt: 61/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical & Surgical Associates PA <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) 
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tochterman, Alyssa D. <hr/> Contributor address; City; State; Zip Code  Andrews, TX 79714-2610	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Andrews Family Medicine
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trehan, Salil Kumar <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119-3867	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tseng, Hsiang Chih Jim <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231-4627	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turbay, David <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912-2003	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/52 Rpt: 62/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ukegbu, Ibidunni O. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054-6752	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, E. Linda <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541-4651	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vorhies, Linda <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-2813	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadhwa, Anupama N. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-0001	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walsh, Heather Gayle Sutton <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067-1730	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Palo Pinto General Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/52 Rpt: 63/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Leslie Lewis	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75287-7233		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) MCD Pathology, LLP
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Frank T.	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Whitehouse, TX 75791-5241		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Thomas Alonzo	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  McKinney, TX 75071-1425		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acute Surgical Care Specialists
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westbrook, Benjamin James	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code  El Paso, TX 79902-5008		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Head and Neck Surgery
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Edward	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Galveston, TX 77551-4924		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mainland Center Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/52 Rpt: 64/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wichner, Monica Heidi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606-5881	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 01/26/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkins, Sidney <hr/> <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78209-6354	<b>Amount of Contribution (\$)</b>  \$55.00
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Business Owner
<b>Date</b> 02/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Paul Brian <hr/> <b>Contributor address; City; State; Zip Code</b>  Longview, TX 75605-7706	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Texas Urology Specialists - Longview
<b>Date</b> 01/26/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolf, Robert E. <hr/> <b>Contributor address; City; State; Zip Code</b>  Waco, TX 76712-8563	<b>Amount of Contribution (\$)</b>  \$300.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 01/29/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wooldridge, Rachel Diane <hr/> <b>Contributor address; City; State; Zip Code</b>  Southlake, TX 76092-7810	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> UT Southwestern Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/52 Rpt: 65/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Natalie A. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206-5841	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wurster, Ralph Michael <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76904-1569	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shannon Clinic
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yang, Victor W. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-5418	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Institute of Digestive Health
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yorke, Rebecca F. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Hospital - Pathology & Genomic M
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Jennifer <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701-7651	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/52 Rpt: 66/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zamarron, Eloy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041-2335	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Laredo Premier Healthcare, PLLC
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zeikus, Priya S. <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013-3351	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Associates of Denison
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ziemke, Bill <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230-5748	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zink, Walter Earl <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023-4390	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zurick, Vernon Edmond <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78734-5180	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 67/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/06/2024	<b>5</b> Corporation / Labor Organization name Cano Family Medicine Clinic PLLC	<b>6</b> Amount (\$) 99.00
Date 01/30/2024	Corporation / Labor Organization name David Altamira, M.D., PLLC	Amount (\$) 99.00
Date 02/05/2024	Corporation / Labor Organization name Fairway Family Medicine	Amount (\$) 99.00
Date 02/23/2024	Corporation / Labor Organization name Kirchner Women's Clinic PLLC	Amount (\$) 99.00
Date 01/30/2024	Corporation / Labor Organization name Preferred Hospital Leasing Shamrock, Inc.	Amount (\$) 99.00
Date 02/12/2024	Corporation / Labor Organization name Samantha H Goodman, MD, PPLC	Amount (\$) 99.00
Date 02/21/2024	Corporation / Labor Organization name Westbook Clinic	Amount (\$) 99.00

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 68/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/22/2024	<b>5</b> Corporation / Labor Organization name Texas Medical Association	<b>6</b> Amount (\$) 25,828.60

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 69/85
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/15 Rpt: 70/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/20/2024	<b>5</b> Payee name Ann Johnson Campaign	
<b>6</b> Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 56386  Houston, TX 77256	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ann Johnson, STATE HOUSE 134th TX
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Barbara Gervin-Hawkins Campaign	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 3960  San Antonio, TX 78218	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Barbara Gervin-Hawkins, STATE HOUSE 120th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Brandon Creighton Campaign	
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2257 N. Loop 336, Suite 140-366  Conroe, TX 77304	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brandon Creighton, STATE SENATE 4th TX
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 2/15 Rpt: 71/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 02/06/2024	<b>5</b> Payee name Christian Manuel Campaign
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 505 Orleans St.  Beaumont, TX 77701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christian Manuel, STATE HOUSE 22nd TX
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2024	Payee name Claudia Ordaz for Texas House
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. 71738  El Paso, TX 79917
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Claudia Ordaz, STATE HOUSE 79th 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 02/07/2024	Payee name Dade Phelan Campaign
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Amount (\$) \$30,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 5990  Austin, TX 78763
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dade Phelan, STATE HOUSE 21st 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.

<b>1</b> Total pages Schedule F1: Sch: 3/15 Rpt: 72/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 02/07/2024	<b>5</b> Payee name Dr. Lalani for Texas
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 6514  Houston, TX 77265
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Suleman Lalani, STATE HOUSE 76th TX
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/07/2024	Payee name Dr. Lalani for Texas
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Amount (\$) \$15,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 6514  Houston, TX 77265
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Suleman Lalani, STATE HOUSE 76th 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 01/31/2024	Payee name Dustin Burrows Campaign
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Amount (\$) \$25,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 6170  Lubbock, TX 79493
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dustin Burrows, STATE HOUSE 83rd 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.

<b>1</b> Total pages Schedule F1: Sch: 4/15 Rpt: 73/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/30/2024	<b>5</b> Payee name Ernest Bailes Campaign	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1000 Bailes Dairy Road  Shepherd, TX 77371	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ernest Bailes, STATE HOUSE 18th TX
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Greg Bonnen Campaign	
Amount (\$) \$25,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1183  Friendswood, TX 77549	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greg Bonnen, STATE HOUSE 24th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Harold Dutton Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4001 Jewett  Houston, TX 77026	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Harold Dutton, STATE HOUSE 142nd TX
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 5/15 Rpt: 74/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 01/31/2024	<b>5</b> Payee name Hatch Smith Campaign
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 603 E Ellis Street  Llano, TX 78643
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hatch Smith, STATE HOUSE 53rd TX
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/07/2024	Payee name Hatch Smith Campaign
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Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 603 E Ellis Street  Llano, TX 78643
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hatch Smith, STATE HOUSE 53rd 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 02/24/2024	Payee name Hatch Smith Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 603 E Ellis Street  Llano, TX 78643
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hatch Smith, STATE HOUSE 53rd 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.

<b>1</b> Total pages Schedule F1: Sch: 6/15 Rpt: 75/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/07/2024	<b>5</b> Payee name Jackson, Robert E.	
<b>6</b> Amount (\$) \$440.53  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 7505 Morningside Dr  Houston, TX 77030-3619	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Inkind reimbursement for fundraising reception
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name James Talarico Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 5850  Round Rock, TX 78683	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Talarico, STATE HOUSE 52nd TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2024	Payee name Jeff Bauknight Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 4122  Victoria, TX 77903	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jeff Bauknight, STATE HOUSE 30th TX
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 7/15 Rpt: 76/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 02/07/2024	<b>5</b> Payee name Jeff Bauknight Campaign
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<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 4122  Victoria, TX 77903
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jeff Bauknight, STATE HOUSE 30th TX
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/07/2024	Payee name Jeff Leach Campaign
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 866186  Plano, TX 75086
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jeff Leach, STATE HOUSE 67th 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 01/31/2024	Payee name Jennings, Paul E.
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Amount (\$) \$99.00	Payee address; City; State; Zip Code PO Box 987  San Marcos, TX 78667-0987
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund contribution to individual
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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.

<b>1</b> Total pages Schedule F1: Sch: 8/15 Rpt: 77/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/07/2024	<b>5</b> Payee name Jill Dutton for Texas House	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 411 VZCR 4503  Ben Wheeler, TX 75754	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jill Dutton, STATE HOUSE 2nd TX
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Jill Dutton for Texas House	
Amount (\$) \$25,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 411 VZCR 4503  Ben Wheeler, TX 75754	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jill Dutton, STATE HOUSE 2nd TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name John Kuempel Campaign	
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 902 E. College Street  Seguin, TX 78155	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense John Kuempel, STATE HOUSE 44th TX
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 9/15 Rpt: 78/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 02/06/2024	<b>5</b> Payee name Kitzman for Texas
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 553  Pattison, TX 77466
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stan Kitzman, STATE HOUSE 85th TX
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2024	Payee name Lacey Hull 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 19231  Houston, TX 77224
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lacey Hull, STATE HOUSE 138th 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 02/06/2024	Payee name Mano DeAyala Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12335 Kingsride Lane #416  Houston, TX 77024
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mano DeAyala, STATE HOUSE 133rd 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.

<b>1</b> Total pages Schedule F1: Sch: 10/15 Rpt: 79/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 02/13/2024	<b>5</b> Payee name Morgan Meyer for Texas House
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<b>6</b> Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3838 Oak Lawn Avenue #400 Dallas, TX 75219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Morgan Meyer, STATE HOUSE 108th TX
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/13/2024	Payee name Nathan Johnson Campaign
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Amount (\$) \$20,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 670994  Dallas, TX 75367
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nathan Johnson, STATE SENATE 16th 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 02/13/2024	Payee name Pat Curry Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 204 Woodhew Dr.  Waco, TX 76712
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pat Curry, STATE HOUSE 56th 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.

<b>1</b> Total pages Schedule F1: Sch: 11/15 Rpt: 80/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 02/20/2024	<b>5</b> Payee name Pat Curry Campaign
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 204 Woodhew Dr.  Waco, TX 76712
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pat Curry, STATE HOUSE 56th TX
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2024	Payee name Pete Sessions For Congress
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 7754  Waco, TX 76714
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pete Sessions, U.S. Rep. 17th 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 02/07/2024	Payee name Reggie Smith Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 111A N. Travis Ste. 5 Sherman, TX 75090
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
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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.

<b>1</b> Total pages Schedule F1: Sch: 12/15 Rpt: 81/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/07/2024	<b>5</b> Payee name Stan Gerdes for Texas House	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 606 Gresham Street  Smithville, TX 78957	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stan Gerdes, STATE HOUSE 17th TX
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2024	Payee name Texas Medical Assoc	
Amount (\$) \$351.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll greeter to support John Kuempel for Texas House District 44
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2024	Payee name Texas Medical Assoc	
Amount (\$) \$319.76  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll greeter to support Elizabeth Campos for Texas House District 119
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 13/15 Rpt: 82/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/25/2024	<b>5</b> Payee name Texas Medical Assoc	
<b>6</b> Amount (\$) \$427.78  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll greeter to support Hugh Shine for Texas House District 55
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2024	Payee name Texas Medical Assoc	
Amount (\$) \$328.67  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll greeter to support Steve Allison for Texas House District 121
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2024	Payee name Texas Medical Assoc	
Amount (\$) \$397.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block walker to support Pat Curry for Texas House District 56
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 14/15 Rpt: 83/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/25/2024	<b>5</b> Payee name Texas Medical Assoc	
<b>6</b> Amount (\$) \$356.71  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll greeter to support Suleman Lalani for Texas House District 76
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/25/2024	Payee name Texas Medical Assoc	
Amount (\$) \$443.38  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll greeter to support Jacey Jetton for Texas House District 26
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/25/2024	Payee name Texas Medical Assoc	
Amount (\$) \$783.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll greeters to support Dade Phelan Texas House District 21
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.

<b>1</b> Total pages Schedule F1: Sch: 15/15 Rpt: 84/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/30/2024	<b>5</b> Payee name Travis Clardy Campaign	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 209 E. Main St.  Nacogdoches, TX 75961	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travis Clardy, STATE HOUSE 11th TX
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Trent Ashby Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 412  Lufkin, TX 75902	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trent Ashby, STATE HOUSE 57th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2024	Payee name Venton For Texas	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 Griffin St. West Suite 212 Dallas, TX 75215	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venton Jones, STATE HOUSE 100th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/1 Rpt: 85/85	<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Mastercard		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$35.75	(b) Date of Charge 02/19/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Schmaltz's Sandwich Shoppe	(b) Payee address; City, State, Zip Code 105 S 5th St #2102 Waco, TX 76701	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Lunch with Pat Curry for Texas House District 56	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held