FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015658 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 03/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Ms. Christine N. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Mojezati CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 401 W. 15th St. STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th St. MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 370-1361 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

Forms provided by Texas Ethics Commission

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Medical Associa	ation Political Action Co	mmittee	00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Harold Dutton State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	57.76
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	75,989.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	235,983.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	280,907.66
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
		Ms Christin	e N. Mojezat	i
		Signature of Car		
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee			00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Greg Bonnen	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	Candidates		Trent Ashby S	tate Representati	<u>.</u>	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Helit Ashby 3	iale Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Travis Clardy	State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	I				

2 COMMITTEE NAME						13 Filor ID	(Ethics Commission Filore)
2 COMMITTEE NAME	- Dalitical Action Con	itto:	_			13 Filer ID 00015658	(Ethics Commission Filers)
exas Medical Association							
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ipported	Ernest Bailes	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	oposed				
	2. Measures	A. Su	upported				
	(Describe by date and location of election and nature of issue.)		_				
	!	В. Ор	oposed				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)	.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		upported	James Talarico	State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	oposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Su	upported				
		В. Ор	oposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Su	ıpported	Claudia Ordaz	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	oposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Su	upported				
		В. Ор	oposed				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)	.)					

12 COMMITTEE NAME	D. P. C. C.				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	1 Political Action Com	nmittee			00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lacey Hull Sta	te Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dustin Burrows	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Hatch Smith S	tate Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee			00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jeff Bauknight	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Venton Jones	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Christian Manu	iel State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if					

						Page 7 of 85
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
exas Medical Association	ı Political Action Com	nmittee			00015658	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	d Stan Kitzman	State Representat	iive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	1			
	2. Measures	A. Supporte	ed			-
	(Describe by date and location of election and nature of issue.)					
		B. Opposed	I			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supporte	d Mano DeAyala	State Representa	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)	, 		<u></u>		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	:d			
		B. Opposed	ı			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	Candidates	<u> </u>	ed John Kuempel	State Representa	etive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		00mm.ca	oldio riep	Mivo	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	I			
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	·d			
		B. Opposed	Ī			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	1				

12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Medical Association	Political Action Com	nmittee		00015658
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jeff Leach State Representation	ve
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)	<u> </u>		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan State Representa	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Barbara Gervin-Hawkins State	Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if			

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	1 Political Action Com	ımittee			00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Reggie Smith	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Suleman Lalar	ni State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stan Gerdes S	State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if					

						Page 10 of 85
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	nmittee			00015658	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed	Brandon Creight	on State Senate	or	
paper to complete this report if necessary.)						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Morgan Meyer S	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Nathan Johnson	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

			=			T	Page 11 of 85
2 COMMITTEE NAME	Delitical Action Con	:				13 Filer ID	(Ethics Commission Filers)
exas Medical Association						00015658	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Pat Curry Stat	te Representative	е	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	sed				
	2. Measures	A. Suppo	orted				
	(Describe by date and location of election and nature of issue.)						
	!	B. Oppos	sed				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Pete Sessions	U.S. Rep. 17th	TX	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	sed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted				
		B. Oppos	sed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE	Candidates	1	orted	 ∆nn .1∩hnson	State Represent	tative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			7 1111 00	Julio 110p. 22		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	sed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted				
		B. Oppos	sed				_
	Officeholders Assisted (Identify by name or, if						
	(Identify by name or, if applicable, classify by party.)	,					

					Page 12 of 85
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	ımittee		00015658	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Hugh Shine State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	1			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jacey Jetton State Representa	ttive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Elizabeth Campos State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 13 of 85 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 14 COMMITTEE 1. Candidates A. Supported Steve Allison State Representative **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					14 of 85
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics	Commission Filers)
Tex	kas Me	dical Association Political Action Committee	00015658		
19 SCI	HEDULI	E SUBTOTALS			
NAI	ME OF	SCHEDULE		SU	JBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	49,467.50
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				-	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$	
		LABOR ORGANIZATION		Ľ	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	693.00
٠.				Ψ	000.00
7.	□	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			2E 020 60
'.	X	ORGANIZATION		\$	25,828.60
			20041117471011		
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	235,947.43
				<u> </u>	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				-	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				ļ .	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	35.75
	<u> </u>			<u> </u>	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
1-7.	Ш	GONEDOLE I. NON I GENTONE EN ENDITONEG I NOM I GENTONE GONTNIBOTN	5140	٩	
15		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	_	
15.	Ш	TO FILER		\$	
I					

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/52 Rpt: 15/85	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3 Filer ID (Ethics Commission F 00015658	-ilers)
4	Date 02/21/2024	5 Full name of contributor Abbas, Qammar6 Contributor address; City; St	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$99.00
8		Mylie, TX 75098-1276 pation / Job title (See Instructions)	9 Employer (See Instructions		
	Date 02/07/2024	Full name of contributor Abraham, Joyce J. Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	Pulmonary and Chical (Care Professionals, PLLC Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Rockwall, TX 75032-8930 pation / Job title (See Instructions		Employer (See Instructions Self Employed	<u> </u> 	
	Date 02/08/2024	Full name of contributor Agrons, Michelle M. Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
		Houston, TX 77024-6306 pation / Job title (See Instructions)	Employer (See Instructions		
	Physician Date 02/05/2024	Full name of contributor Agullo, Francisco J. Contributor address; City; St El Paso, TX 79912-6411	out-of-state PAC (ID#:ate; Zip Code	Radiology Partners Hou	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Southwest Plastic Surge		
	Date 02/23/2024	Full name of contributor Ahmed, Shakil Contributor address; City; St Prosper, TX 75078-7269	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Richardson Medical Cer		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/52 Rpt: 16/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (ID# Aleman, Micaela Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78746-1805	-		_		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Lone Star Urology	5)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID# Allen, Everett H. Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78212-2318 pation / Job title (See Instructions)	_	Employer (See Instructions	s)		
	Physician			Rheumatology Associat		of South Texas	
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID# Almond, P. Stephen Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$99.00
		Corpus Christi, TX 78418-9302					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Children's Physician Se		ces of South Texas	
	Date 01/27/2024	Full name of contributor out-of-state PAC (ID# Arias, Sonia L. Contributor address; City; State; Zip Code Allen, TX 75013-5670)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 01/28/2024	Full name of contributor out-of-state PAC (ID# Auerbach, David M. Contributor address; City; State; Zip Code Plano, TX 75093-4347	:		•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center	
			•				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/52 Rpt: 17/85	
2	FILER NAME Texas Medic	al Association Political Action	ı Committee		3	Filer ID (Ethics Commission 00015658	r Filers)
4	Date 02/02/2024	5 Full name of contributor Ayar, Divyang C.6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Pearland, TX 77584-0031 pation / Job title (See Instructions		Employer (See Instructions Coastal Vascular Cente			
	Date 01/26/2024	Full name of contributor Baddour, Ruby T. Contributor address; City; S Corpus Christi, TX 78413	·			Amount of Contribution (\$)	\$55.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Self Employed	<u> </u>		
	Date 02/25/2024	Full name of contributor Bajaj, Gurpreet Singh Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Southlake, TX 76092-422 pation / Job title (See Instructions	-	Employer (See Instructions			
_	Physician Date 02/05/2024	Full name of contributor Barstow, Douglas G. Contributor address; City; S Austin, TX 78757-1645	out-of-state PAC (ID#:	Lone Star Orthopedics a	and	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Allergy Partners of Aust			
	Date 02/07/2024	Full name of contributor Bayazitoglu, Lisa Marie Contributor address; City; S Corpus Christi, TX 78411				Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions vner	5)	Employer (See Instructions Business Owner	s)		

2 FI Te	ILER NAME exas Medic	ction Guide explains how to c	mplete this form.	1 Total pages Schedule A1:
4 Da	exas Medic			Sch: 4/52 Rpt: 18/85
4 Da		al Association Political Action Com	ittee	3 Filer ID (Ethics Commission Filers) 00015658
	Date 5 Full name of contributor out-of-state PAC (ID#:)			7 Amount of Contribution (\$)
	2/02/2024	Behr, Donald A. 6 Contributor address; City; State; Zi		\$99.00
		Graham, TX 76450-6239		
8 Pi	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)
	hysician	,	Self Employed	,
D	ate	Full name of contributor	of-state PAC (ID#:)	Amount of Contribution (\$)
02	2/07/2024	Bell, Matthew Claytor		\$99.00
		Contributor address; City; State; Zi	Code	
		, , , , , , , , , , , , , , , , , , ,		
		Dallas, TX 75206-0123		
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
P	hysician		Baylor Scott & White Fa	amily Medicine Clinic - Nort
Da	ate	Full name of contributor ou	of-state PAC (ID#:)	Amount of Contribution (\$)
0.	1/31/2024	Berger, Alisa M.		\$300.00
		Contributor address; City; State; Zi	Code	
		College Station TV 7704F 0007		
	rinoinal accur	College Station, TX 77845-8807 pation / Job title (See Instructions)	Employer (See Instructions	
	hysician	oation / Job title (See Instructions)	Self Employed	5)
				I
	ate	—	of-state PAC (ID#:)	Amount of Contribution (\$)
U ₂	2/07/2024	Bhalla, Rajinder Kumar		\$99.00
		Contributor address; City; State; Zi	Code	
		Bellaire, TX 77401-4705		
Pı	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
P	hysician		Comprehensive Cardiol	logy
D	ate	Full name of contributor ou	of-state PAC (ID#:)	Amount of Contribution (\$)
02	2/13/2024	Bietry, Raymond Emile		\$99.00
		Contributor address; City; State; Zi	Code	
_		Austin, TX 78705-1014		
		pation / Job title (See Instructions)	Employer (See Instructions	
P	hysician		Seton Heart Specialty C	Care & Transplant Ctr

	MONEI	ARY POLITICAL CON	11RIBUTION:	S	SCHEDUL	E A1
	The Instru	ction Guide explains how to c	complete this form	1.	1 Total pages Schedule A1: Sch: 5/52 Rpt: 19/85	
2	FILER NAME Texas Medic	cal Association Political Action Com	nmittee		3 Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/15/2024	Bishop, Clayton	ut-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$16.50
_	Deliverinal again	Harlingen, TX 78552-0134		To the second Corp. In particular to the second Corp.		
8	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Ear Nose & Throat Asso	ciates of Corpus Christi	
	Date 02/06/2024	Full name of contributor on Bleier, Joseph Tracy Contributor address; City; State; Zi	ut-of-state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
	Principal occu	Greenville, TX 75402-5496 upation / Job title (See Instructions)		Employer (See Instructions)	
	Physician			EmCare Inc		
	Date 02/20/2024	Full name of contributor on Double of Contributor address; City; State; Zi	ut-of-state PAC (ID#:		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78209-3702				
	Principal occu Physician	ipation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		
	Date 02/20/2024	Full name of contributor on Boys, Gregory J. Contributor address; City; State; Zity San Antonio, TX 78248-2426	ut-of-state PAC (ID#:)	Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		
	Date 02/19/2024	Full name of contributor on Brahmbhatt, Naishadh Contributor address; City; State; Zity; State; Zity; Southlake, TX 76092-4004	ut-of-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE	■ A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 6/52 Rpt: 20/85	
2	FILER NAME Texas Medic	al Association Political Action	ı Committee		3 Filer ID (Ethics Commission 00015658	Filers)
4	Date 02/19/2024	5 Full name of contributor Brockie, Robert Edwin6 Contributor address; City; S	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$99.00
•	Dringinal occu	Dallas, TX 75254-2814 pation / Job title (See Instructions	s)	Employer (See Instructions	c)	
0	Physician	pation / Job title (See instructions	5)	Texas Health Heart & V		
	Date 02/24/2024	Full name of contributor Broussard, Dwane G. Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
		Houston, TX 77024-6110				
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Village Medical	s)	
	Date 01/29/2024	Full name of contributor Burk, Linda Lorine Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75220-3917				
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	s)	
	Date 01/29/2024	Full name of contributor Burleson, James Ray Contributor address; City; S Snyder, TX 79550-1401	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions D M Cogdell Memorial H		
	Date 01/29/2024	Full name of contributor Burzynski, Stanislaw R. Contributor address; City; S Houston, TX 77042-2127			Amount of Contribution (\$)	\$55.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Burzynski Clinic	s)	

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 7/52 Rpt: 21/85	
2	FILER NAME Texas Medic	al Association Political Action Comm	nittee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 02/15/2024	Cabrera, Leopoldo A.	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$16.50
_	5	Lubbock, TX 79424-6588			<u></u>		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Community Health Cent	′	of Lubbock	
	Date 02/11/2024	Full name of contributor out- Campbell, Stephen Contributor address; City; State; Zip				Amount of Contribution (\$)	\$99.00
	Dringing! goog	Plano, TX 75093-4021		Employer (See Instructions	<u></u>		
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	»)		
	Date 02/21/2024	Full name of contributor out- Canales, Roberto Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		El Paso, TX 79912-3403					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 01/31/2024	Cannan, Susan	of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	•	pation / Job title (See Instructions) ce President		Employer (See Instructions Big Country County Med		al Society	
	Date 01/30/2024	Full name of contributor out- Canterbury, Christine Leigh Contributor address; City; State; Zip Corpus Christi, TX 78412-2537	of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Corpus Christi Women's		inic	
			1				

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 8/52 Rpt: 22/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/17/2024	 Full name of contributor out-of-state)	7	Amount of Contribution (\$)	\$208.34
_		McAllen, TX 78501-3735	1-				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions South Texas Gastroente		logy	
	Date 01/29/2024	Carlson, David William	te PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Dallas, TX 75214-3750					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions David Carlson, MD PA	5)		
	Date 02/11/2024	Full name of contributor out-of-state Carter, Kimberly Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$99.00
		Austin, TX 78731-3764					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions University Physician Gro		- Women's Health	
	Date 02/08/2024	Chang, Phyllis Clara				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Central Texas Digestive		sease Assoc, PA	
	Date 02/04/2024	Full name of contributor out-of-state Chapman, Amy Marie Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Womens Health Domain			
			l				

	MONET	ARY POLITICAL C	CONTRIBUTION	IS	SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 9/52 Rpt: 23/85	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3 Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/09/2024	5 Full name of contributor Chavez, Paulette Z.6 Contributor address; City; St.	out-of-state PAC (ID#: ate; Zip Code		7 Amount of Contribution (\$)	\$55.00
		Houston, TX 77005-2806				
8	Principal occu Administrativ	pation / Job title (See Instructions /e	9	Employer (See Instructions Anthony Chavez, M.D.,		
	Date 02/12/2024	Full name of contributor Chen, Sean Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu	Walnut, CA 91789-3855 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
	Physician		,	Dermatology Associates		
	Date 02/15/2024	Full name of contributor Chike-Obi, Chuma J. Contributor address; City; St.	out-of-state PAC (ID#: ate; Zip Code)	Amount of Contribution (\$)	\$16.50
		Austin, TX 78704-2038				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)	
	Date 01/30/2024	Full name of contributor Children's Clinic of Lufkin Contributor address; City; St Lufkin, TX 75904-3359	out-of-state PAC (ID#:ate; Zip Code		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/17/2024	Full name of contributor Chun, Christopher Sung J Contributor address; City; St Dallas, TX 75244-7446			Amount of Contribution (\$)	\$177.09
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Epic Pain and Orthoped		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 10/52 Rpt: 24/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 01/29/2024	 Full name of contributor out-of-state PAC (ID#:_ Cigarroa, Ricardo Joaquin Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
	Dringing! goog	Laredo, TX 78045-7530	۱۵	Employer (See Instructions	<u></u>		
8	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Laredo Cardiovascular		nsultants, PA	
	Date 01/26/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Physician			Adult and Pediatric Rhe		natology	
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#:_ Cole, John F. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Abilene, TX 79606-5021					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Provider Netw		c - General Surgery	
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:_ Collins, Donald R. Contributor address; City; State; Zip Code Houston, TX 77004-6932				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Biggs and Collins, PA	5)		
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_ Collins, Rebecca R. Contributor address; City; State; Zip Code Dallas, TX 75248-5521)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Children's Health	;)		

		ARY POLITICAL CONT		SCHEDULE A1
	The Instruc	ction Guide explains how to con	nplete this form.	1 Total pages Schedule A1: Sch: 11/52 Rpt: 25/85
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Medic	al Association Political Action Commi	ttee	00015658
	Date 01/31/2024	 Full name of contributor out-o out-o Cook, Charles Everett Contributor address; City; State; Zip C 	f-state PAC (ID#:)	7 Amount of Contribution (\$) \$99.00
		Irving, TX 75038-5900		
8	Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	Physician	pation, dos title (ede mondottorio)	Center for Foot and A	
	Date		f-state PAC (ID#:)	Amount of Contribution (\$)
	02/20/2024	Crow, Keith A.		\$1,000.00
		Contributor address; City; State; Zip C	Code	
		San Antonio, TX 78249-2080		
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ne)
	Physician	pation / Job title (See Instructions)	South Texas Radiolog	
	Date	–	f-state PAC (ID#:)	Amount of Contribution (\$)
	01/26/2024	Custis, Trenton D.		\$99.00
		Contributor address; City; State; Zip C	Code	
		Dallas, TX 75214-5605		
	Drincinal occur	pation / Job title (See Instructions)	Employer (See Instruction	ne)
	Physician	pation / Job title (See Instructions)	Dallas Associated Del	
_				
	Date	–	f-state PAC (ID#:)	Amount of Contribution (\$)
	02/09/2024	Cutbirth, Amanda W.		\$55.00
		Contributor address; City; State; Zip C	Code	
		Corpus Christi, TX 78418-7505		
	Dringing aggr	·	Employer (Co.c. Instruction	100
	2019 County	pation / Job title (See Instructions)	Employer (See Instruction Business Owner	ns)
	Date	1	f-state PAC (ID#:)	Amount of Contribution (\$)
	02/23/2024	Dagen, Jennifer D.		\$99.00
		Contributor address; City; State; Zip C	Code	
		L TV 75000 0700		
	Date of 1	Lucas, TX 75002-3708	1 - 1 - 1 - 1	
		pation / Job title (See Instructions)	Employer (See Instructio	ns)
	Physician		Self Employed	

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 12/52 Rpt: 26/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/20/2024	 5 Full name of contributor out-of-state PAC Dalrymple, Neal C. 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$500.00
•	Dringing aggr	Shavano Park, TX 78249-2065		Employer (Coo Instructions	<u></u>		
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions South Texas Radiology		oup, P.A.	
	Date 02/16/2024	Full name of contributor				Amount of Contribution (\$)	\$99.00
	Dringing! goog	Amarillo, TX 79124-4951	<u> </u>	Employer (See Instructions	<u></u>		
	Physician Physician	pation / Job title (See Instructions)		High Plains Radiologica		ssociation, LLP	
	Date 02/13/2024	Full name of contributor out-of-state PAC Darmadi, Daniel H. Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77059-5602	_				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Gastroenterology Consu	′	ints, PA	
	Date 02/10/2024	Full name of contributor out-of-state PAC Daum, Paul Walter Contributor address; City; State; Zip Code Mansfield, TX 76063-6414)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 02/15/2024	Full name of contributor out-of-state PAC Davis, George M. Contributor address; City; State; Zip Code Conroe, TX 77384-1553	(ID#:)		Amount of Contribution (\$)	\$33.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions George M. Davis, MD	5)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 13/52 Rpt: 27/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 02/02/2024	 5 Full name of contributor out-of-state Davis, James P. 6 Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$55.00
8	Principal occu	Freeport, TX 77541-7909 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Business Ov			Business Owner	,		
	Date 01/26/2024	Full name of contributor out-of-state De Riese, Cornelia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
		Lubbock, TX 79410-2229					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Brownfield Regional Me	dic		
	Date 01/26/2024	Full name of contributor out-of-state Decker, William L. Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Houston, TX 77024-7026					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Eye Institute	5)		
	Date 02/09/2024	Full name of contributor out-of-state Derbes, Christopher J. Contributor address; City; State; Zip Code Bryan, TX 77802-2547	-			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 02/24/2024	Full name of contributor out-of-state Desai, Prakash K. Contributor address; City; State; Zip Code Amarillo, TX 79124-1736	PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Amarillo Heart Institute	5)		
	, σισιαιτ			Tanama Hourt House			

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 14/52 Rpt: 28/85	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 02/05/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$99.00
_		Lufkin, TX 75904-5388	1-		Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Children's Clinic of Lufk		PA	
	Date 01/28/2024	Full name of contributor out-of-state PAC (ID#: Diaz, Andrew Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Dringing age	Fort Worth, TX 76116-9411	_	Employer (Coo Instructions	<u></u>		
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions Graham Regional Medic		Center	
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#: Dickey, Nancy W. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		College Station, TX 77845-9644					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas A&M Univ Sys H	•		
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: Dillard, Robert Lee Contributor address; City; State; Zip Code Wichita Falls, TX 76310-0381)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Titanium Emergency Gr		p, LLP	
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Donachie, Nancy Davis Contributor address; City; State; Zip Code Plano, TX 75093-7597				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	;)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 15/52 Rpt: 29/85	
2	FILER NAME Texas Medic	al Association Political Action Co	mmittee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 01/26/2024	5 Full name of contributor Donna Jordan D.O., P.A.6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$300.00
_		Abilene, TX 79606	1				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/15/2024	Full name of contributor Dossett, Lucy McCauley Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$16.50
	Principal occu	Roanoke, TX 76262-0619 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Physician	pation / 300 title (See instructions)		Self Employed)		
	Date 02/14/2024	Full name of contributor Duchicela, Jorge A. Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$99.00
		Weimar, TX 78962-2703					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Youens, Duchicela & As	•	ciates, P.A.	
	Date 01/31/2024	Full name of contributor Dyrstad, Sara Suzanne Contributor address; City; State; Odessa, TX 79762-9343	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$600.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Oncology - Amar		Cancer Center	
	Date 02/06/2024	Full name of contributor Ear, Nose & Throat Associate Contributor address; City; State; Corpus Christi, TX 78411-182	Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUT	OI	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 16/52 Rpt: 30/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 01/29/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$55.00
0	Dringing coou	Fort Worth, TX 76112-3971	10	Employer (See Instructions	<u></u>		
8	Business Ow	pation / Job title (See Instructions) vner	9	Employer (See Instructions Business Owner	5)		
	Date 02/15/2024	Full name of contributor)		Amount of Contribution (\$)	\$16.50
		El Paso, TX 79936-3390					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Diana Escobedo MD PA			
	Date 01/30/2024	Full name of contributor out-of-state PAC (IE Estess, Sandra Contributor address; City; State; Zip Code)#:		•	Amount of Contribution (\$)	\$55.00
		Dallas, TX 75220-2255					
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	s)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (IDE) Fain, Becky A. Contributor address; City; State; Zip Code Austin, TX 78746-6843)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>I</u> S)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (IDF) Feng, Sing-Yi Contributor address; City; State; Zip Code Dallas, TX 75206-6871			•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center	
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 17/52 Rpt: 31/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/19/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$99.00
8	Principal occu	San Antonio, TX 78249-2480 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Physician	,		Self Employed	,		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID# Fiesinger, Troy T. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00
	Principal occu	Houston, TX 77096-3910 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	Physician Physician	pation, sob title (see instructions)		Village Medical	,,		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#Fleishman, Justin N. Contributor address; City; State; Zip Code	t:)		Amount of Contribution (\$)	\$99.00
		Plano, TX 75075-3305					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#Fogle, Lindsey N. Contributor address; City; State; Zip Code Houston, TX 77019-4021)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions White Oak Medical Asse		ates	
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID# Frasser, Sandra G. Contributor address; City; State; Zip Code Cedar Park, TX 78613-2232	t:			Amount of Contribution (\$)	\$60.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions People's Community Cli			
			•				

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 18/52 Rpt: 32/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$49.50
		Midland, TX 79707-1350					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Midland Memorial Hosp			
	Date 02/12/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$99.00
	Principal occu	Sugar Land, TX 77479-3427 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Physician			Self Employed			
	Date 02/07/2024	Full name of contributor out-of-state PA Gardner, Jack David Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$50.00
		Cleveland, TX 77328-7663					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Medical Sleep Solutions	•	LLC	
	Date 01/26/2024	Full name of contributor out-of-state PA Garretson, Melissa J. Contributor address; City; State; Zip Code Fort Worth, TX 76126-1909)		Amount of Contribution (\$)	\$901.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Cook Children's Physici		s Network	
	Date 02/16/2024	Full name of contributor out-of-state PA Garza, Erica C. Contributor address; City; State; Zip Code Austin, TX 78757-2520	1 AC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Wildflower OB/GYN	5)		
			1				

	MONET	ARY POLITICAL CONTRI	BUTION	IS .		SCHEDULI	■ A1
	The Instru	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 19/52 Rpt: 33/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 02/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76179-4025 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
-	Physician	,		Emergency Medicine Co	,	sultants, Ltd.	
	Date 01/30/2024	Full name of contributor out-of-state George Madjitey, M.D. PA Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
		Houston, TX 77002-8941					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/19/2024	Full name of contributor out-of-state Gerik, Jeffrey Charles Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Waco, TX 76708-2310					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White Hil	′	est - X-Ray Physicians	
	Date 02/15/2024	Gill, John T.				Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dallas Sports Medicine		ecialists	
	Date 02/21/2024	Full name of contributor out-of-state Gonzalez, Stevan A. Contributor address; City; State; Zip Code Fort Worth, TX 76109-2506	te PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions			
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	MONEI	ARY POLITICAL CO	ONTRIBUTION	S	SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	n.	1 Total pages Schedule A1: Sch: 20/52 Rpt: 34/85	
2	FILER NAME				3 Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action C	ommittee		00015658	
4	Date 02/22/2024	5 Full name of contributor Green, Wayne D.	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$99.00
		6 Contributor address; City; State	e; Zip Code			
_	5: : 1	Harlingen, TX 78553-4239		<u> </u>	,	
8		pation / Job title (See Instructions)	9	Employer (See Instructions		
	Physician			Wayne D. Green, M.D.,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/07/2024	Guerrero, Richard				\$99.00
		Contributor address; City; State	e; Zip Code			
		El Paso, TX 79928-8642				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)	
	Physician			El Paso Gastroenterolog	gy Consultants, P.A.	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/05/2024	Gulbas, Paul Stephen				\$99.00
		Contributor address; City; State	e; Zip Code			
		El Paso, TX 79922-1751				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)	
	Physician			El Paso Eye Surgeons,	PA	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/07/2024	Gutierrez, J. Santiago	_			\$99.00
		Contributor address; City; State	e; Zip Code			
		Laredo, TX 78041-2262	1			
		pation / Job title (See Instructions)		Employer (See Instructions		
	Physician			J. Santiago Gutierrez, M	1D, PA 	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/05/2024	Haden, James Russell				\$99.00
		Contributor address; City; State	e; Zip Code			
		Dallas, TX 75220-1907				
	Principal occu	pation / Job title (See Instructions)	T.	Employer (See Instructions	<u> </u> ;)	
	Physician			James R. Haden, MD PA		
_	, =:=::::::					

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 21/52 Rpt: 35/85	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 02/08/2024	 5 Full name of contributor out-of-state Han, Wei 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
		Magnolia, TX 77354-3562					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Magnolia Family Medici			
	Date 02/16/2024	Heafer, Harold Arthur				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician			Self Employed			
	Date 02/20/2024	Full name of contributor out-of-state Healy, Mark Edward Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78230-5617					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology	•	oup, P.A.	
	Date 02/05/2024	Hernandez, Kathleen C.)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	i)		
	Date 02/05/2024	Hicks, Michelle)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	i)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDULI	■ A1
	The Instru	ction Guide explains how t	o complete this forn	1.	1	Total pages Schedule A1: Sch: 22/52 Rpt: 36/85	
2	FILER NAME Texas Medic	al Association Political Action C	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 01/31/2024	5 Full name of contributor Hirani, Zishan6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$99.00
		Plano, TX 75024-7489					
8	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Kelsey-Seybold Clinic	5)		
	Date 02/09/2024	Full name of contributor Hite, Suzanne M. Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Houston, TX 77019-6507 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Physician	pation / vob title (occ mondetions)		TCP - Ripley House	',		
	Date 02/02/2024	Full name of contributor Hnatek, Joe D. Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$99.00
		Brenham, TX 77833-5124					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White Cli	•	-Brenham	
	Date 02/16/2024	Full name of contributor Hodges, Leisa Lacombe Contributor address; City; State Plano, TX 75094-4660	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 02/17/2024	Full name of contributor Hoggatt, Matthew D. Contributor address; City; State League City, TX 77573-469	·)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann Med		ıl Group - Urology Associate	е
			'				

	MONET	ARY POLITICAL CONTRIBUTION	۸C	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 23/52 Rpt: 37/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$208.34
8	Principal occu	Waco, TX 76712-7565 pation / Job title (See Instructions)	l a	Employer (See Instructions			
	Physician	pation / vob title (eee mondetons)		Self Employed	"		
	Date 02/17/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$208.34
		Helotes, TX 78023-4492					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Precision Pathology	s)		
	Date 02/05/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75205-3732					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 02/17/2024	Full name of contributor out-of-state PAC (ID# Isaacson, Terah C. Contributor address; City; State; Zip Code Houston, TX 77009-7753)		Amount of Contribution (\$)	\$177.09
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Bayou City Surgical Spe		alists, PLLC	
	Date 02/01/2024	Full name of contributor 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 occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Femi David Iwaloye MD		A	
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIO)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	or	m.	1	Total pages Schedule A1: Sch: 24/52 Rpt: 38/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 02/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$16.50
_	Deinsinal assu	San Antonio, TX 78209-3302	_	Frankrija (Cara krativijatia na			
8	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Leah Hanselka Jacobso		PLLC	
	Date 02/08/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Shenandoah, TX 77384-2043 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician			Magnolia Family Medici	ne		
	Date 01/30/2024	Full name of contributor)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77008-1433					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Jobe, Taylor Contributor address; City; State; Zip Code Austin, TX 78746-5631)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Ascension Medical Grou		· Seton Orthopedics	
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ John B. Clemmons, Jr. M.D., P.A. Contributor address; City; State; Zip Code Houston, TX 77004-7009)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
		l					

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 25/52 Rpt: 39/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/13/2024	 5 Full name of contributor out-of-state P. Johnson, Kurt 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
		Rockwall, TX 75032-7808					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Lake Pointe Orthopedic		sociation, PA	
	Date 02/17/2024	Full name of contributor)		Amount of Contribution (\$)	\$208.34
	Principal occu	Lubbock, TX 79424-5001 pation / Job title (See Instructions)		Employer (See Instructions) s)		
	Physician			Self Employed			
	Date 01/29/2024	Full name of contributor	AC (ID#:			Amount of Contribution (\$)	\$99.00
		Plano, TX 75024-1100					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Internal Medicine Assoc		es of West Plano	
	Date 02/01/2024	Full name of contributor out-of-state P. Kay, Thomas Milton Contributor address; City; State; Zip Code New Braunfels, TX 78130-3921				Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> 		
	Date 02/12/2024	Full name of contributor out-of-state P. Ketron, Lowell Lane Contributor address; City; State; Zip Code Montgomery, TX 77356-2003	PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Healing Hearts Clinic	5)		
			l				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 26/52 Rpt: 40/85	
2	FILER NAME	al Acceptation Delitical Action C	Committee		3	Filer ID (Ethics Commission	on Filers)
_		al Association Political Action C				00015658	
4	Date 02/20/2024	5 Full name of contributor Khan, Faraz A.6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77024-7507	e, zip code				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	:) 		
	Physician	pation 7 005 title (See Instructions)		Self Employed	')		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/30/2024	Khan, Zeshan Malik					\$99.00
		Contributor address; City; Stat	e; Zip Code				
		Carrollton, TX 75006-1514					
	Dringinal accu	pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Physician Physician	pation 7 300 title (See instructions)		Dallas-Fort Worth Anest		sia Providers	
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/15/2024	Khu, Richard Corvera	out-or-state PAC (ID#	J		Amount of Contribution (\$)	\$99.00
	02/10/2021	Contributor address; City; Stat	e. Zin Code				Ψ00.00
		Contributor address, City, Stat	e, zip code				
		Amarillo, TX 79121-1947					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physician			High Plains Radiologica	I A	ssociation, LLP	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/06/2024	Kikkeri, Nagaraj S.	_				\$99.00
		Contributor address; City; Stat	e; Zip Code				
		Dallas, TX 75225-4824					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	Physician	(,		Advanced Pain Solution			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/20/2024	Koehler, Michelle Z.	out-oi-state FAC (ID#			Amount of Contribution (\$)	\$300.00
	02/20/2024	Contributor address; City; Stat	o: Zin Codo				φ500.00
		Contributor address, City, Stat	e, zip Code				
		New Braunfels, TX 78132-1	.675				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physician			Self Employed			
_							

	MONET	ARY POLITICAL C	CONTRIBUTION		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	n.	1 Total pages Schedule A1: Sch: 27/52 Rpt: 41/85	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3 Filer ID (Ethics Commission 00015658	n Filers)
4	Date 01/31/2024	5 Full name of contributor Kridel, Russell W. H.6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7 Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77005-2204				
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Facial Plastic Surgery A	•	
	Date 01/31/2024	Full name of contributor Krohn, Kyle Gregory Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$300.00
	Principal occu	Lufkin, TX 75904-5380 pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	5)	
	Date 02/06/2024	Full name of contributor Krueger, Jeffery Keith Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
	Principal occu	Dallas, TX 75205-2926 pation / Job title (See Instructions	s)	Employer (See Instructions	5)	
	Physician	(,	Self Employed	,	
	Date 02/20/2024	Full name of contributor Kruger, Ariel Y. Contributor address; City; St San Antonio, TX 78209-8			Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions South Texas Radiology		
	Date 02/24/2024	Full name of contributor Kurth, Christian Daniel Contributor address; City; St Dallas, TX 75206-8747	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	5)	
			,			

	MONEI	ARY POLITICAL C	CONTRIBUTION	15		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 28/52 Rpt: 42/85	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 01/31/2024	5 Full name of contributor Lalani, Suleman6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00
		Sugar Land, TX 77479-28					
8	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Sugar Land Geriatric &			
	Date 02/15/2024	Full name of contributor Lamping, Dorothy R. Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
		Cypress, TX 77433-2087			<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Houston Methodist Prim		/ Care Group - Cypress	
	Date 02/09/2024	Full name of contributor Lawrence, David D. Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77024-5438					
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Self Employed	5)		
	Date 02/17/2024	Full name of contributor Lewis, C. Turner Contributor address; City; St. Dallas, TX 75230-2360	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Lone Star Pediatrics	5)		
	Date 02/20/2024	Full name of contributor Liaw, Stephen Contributor address; City; St)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions South Texas Radiology		oup, P.A.	
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	NC	NS .		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this 1	or	m.	1	Total pages Schedule A1: Sch: 29/52 Rpt: 43/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/01/2024	 5 Full name of contributor out-of-state PAC (ID#: Linsteadt, Joanna R. 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$99.00
0	Dringing! goog	Corpus Christi, TX 78404-2212	٦	Employer (See Instructions	<u></u>		
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Abdominal Specialists o	-	outh Texas, LLP	
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Lippe, Tyson K. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Austin, TX 78749-1118 pation / Job title (See Instructions)	_	Employer (See Instructions	:) 		
	Physician Physician	pation / 300 title (See instructions)		Austin Family Care Cen			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Loukas, Janis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$55.00
		Austin, TX 78731-5211					
	Principal occu Business Ov	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_Lubrano, Philip J. Contributor address; City; State; Zip Code Crowley, TX 76036-2072				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions NorthStar Anesthesia, F			
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_Lyons, Travis D. Contributor address; City; State; Zip Code San Antonio, TX 78258-4670				Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup, P.A.	

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 30/52 Rpt: 44/85	
2	FILER NAME Texas Medic	al Association Political Action Committe	ee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/21/2024	Macferran, Mary H.	tate PAC (ID#:		7	Amount of Contribution (\$)	\$55.00
8	Dringinal occur	Midland, TX 79705-1816 pation / Job title (See Instructions)	lo.	Employer (See Instructions			
0	Administrativ		ľ	Centers for Children & F		nilies	
	Date 02/06/2024	Full name of contributor out-of-s Maharaj-Mikiel, Indira C. Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$300.00
	5	Kerrville, TX 78028-9308		5 1 (0 1 : "	Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Kerrville State Hospital	5)		
	Date 02/01/2024	Full name of contributor out-of-s Mai, Phi Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$55.00
		Groves, TX 77619-5937					
	Principal occu Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions Business Owner	i)		
	Date 02/15/2024	Maris, Michael Lynn	tate PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	()		
	Date 02/02/2024	Full name of contributor out-of-s Marshall, Zachary W. Contributor address; City; State; Zip Co Houston, TX 77005-1283	rtate PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions McGovern Allergy and A		nma Clinic, PA	
			,				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how t	to complete this for	m.	ı	Fotal pages Schedule A1: Sch: 31/52 Rpt: 45/85	
2	FILER NAME				l	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action C	Committee		_	00015658	
4	Date 02/05/2024	 5 Full name of contributor	out-of-state PAC (ID#: te; Zip Code)	7 /	Amount of Contribution (\$)	\$99.00
•	Dringing con	Winnsboro, TX 75494-2604		Employer (Coo Instructions			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions UT Health East Texas- F		•	
				OT HEART East Texas- I	_		
	Date 01/28/2024	Full name of contributor [Martinez, Marcos Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
		Plano, TX 75075-3564					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Self Employed			
	Date 02/25/2024	Full name of contributor Marvin, Joseph Ernest Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75207-3308					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l </u>		
	Physician	,		TeamHealth/EMC	•		
	Date 02/06/2024	Full name of contributor Matter in Motion Rehabilitat Contributor address; City; Stat San Antonio, TX 78260-220	te; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/05/2024	Full name of contributor McAlister, Wade P. Contributor address; City; Stat Houston, TX 77006-6318	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMSH - Dept of Orthor		c Surgery	
			·				

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this 1	for	m.	1	Total pages Schedule A1: Sch: 32/52 Rpt: 46/85	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/03/2024	 5 Full name of contributor out-of-state PAC (ID#: McDonald, Cheryl K. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$55.00
8		Fort Worth, TX 76109-1134 pation / Job title (See Instructions)	9	Employer (See Instructions		Pianan Annaista	
	Physician Date 02/09/2024	Contributor address; City; State; Zip Code		Texas Center for Infection	ous	Amount of Contribution (\$)	\$100.00
	Principal occu Physician	Port Neches, TX 77651-2128 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_McKenzie, Kristi H. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Austin, TX 78703-4320 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_McKinney, Kevin Hood Contributor address; City; State; Zip Code		OB Hospitalist Group		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Dickinson, TX 77539-3900 pation / Job title (See Instructions)		Employer (See Instructions UTMB John Sealy Scho		of Medicine	
	Date 02/04/2024	Full name of contributor out-of-state PAC (ID#:_Mercado, Steven A. Contributor address; City; State; Zip Code San Antonio, TX 78253-5807				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Steve A. Mercado, MD I			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 33/52 Rpt: 47/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/20/2024	 Full name of contributor out-of-state PAC (Middlebrook, Michael Rhodes Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$1,000.00
_	Deinainal assu	San Antonio, TX 78257-1306		Franks on (Cas Instructions			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions South Texas Radiology		oup, P.A.	
	Date 02/01/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Physician	,		North Dallas Internal Me		cine	
	Date 01/27/2024	Full name of contributor out-of-state PAC (Miller, Mark Raymond Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$99.00
		Richardson, TX 75082-2769					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Digestive Health Associ		s of Texas, PA DHAT	
	Date 02/01/2024	Full name of contributor out-of-state PAC (Molina, Martin C. Contributor address; City; State; Zip Code Austin, TX 78730-3593)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Family Physician		t River Place	
	Date 02/17/2024	Full name of contributor out-of-state PAC (Monday, Kimberly E. Contributor address; City; State; Zip Code Houston, TX 77005-3318	(ID#:)		Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMSH - Dept of Neuro		ју	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this for	m.	1	Total pages Schedule A1: Sch: 34/52 Rpt: 48/85	
2	FILER NAME	al Association Political Action	a Committee		3	Filer ID (Ethics Commission F 00015658	-ilers)
_					L		
4	Date 02/12/2024	5 Full name of contributorMootha, Ravi K.6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$99.00
		Plano, TX 75093-8517					
8	Principal occu	pation / Job title (See Instructions	5) 9	Employer (See Instructions	:)		
	Physician	(North Texas Urology	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/05/2024	Morgan, Meredith V.					\$99.00
		Contributor address; City; S	tate; Zip Code				
		Houston, TX 77005-2330					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	()		
	Physician			Women's Care At Muse	um	's Gate	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/15/2024	Morgan, Richard G.	`			,	\$16.50
		Contributor address; City; S	tate: 7in Code				
		Continuator address, Oity, S	iate, zip code				
		College Station, TX 7784	0-2628				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>. </u>		
	Physician	(,	Mutual Medical, Inc.	,		
			<u> </u>			A (O 'I' . (b)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 00.00
	01/30/2024	Musser, James M.					\$99.00
		Contributor address; City; S	tate; Zip Code				
		D. II T.V. 77404 4047					
		Bellaire, TX 77401-4817			L		
	•	pation / Job title (See Instructions	s)	Employer (See Instructions			
	Physician			Houston Methodist Hosp	oita	l - Pathology & Genomic M	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/22/2024	Myatt, James P.					\$99.00
		Contributor address; City; S	tate; Zip Code				
		·	·				
		Waco, TX 76710-1024					
	Principal occu	I pation / Job title (See Instructions	s)	Employer (See Instructions	<u>. </u>		
	Physician			Waco Heart & Vascular	•		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 35/52 Rpt: 49/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 02/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Flower Mound, TX 75022-5906 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	;) 		
	Physician	pation / oob title (ooe mondottons)		Self Employed	"		
	Date 02/15/2024	Full name of contributor out-of-state PAC Neville, Richard Burke Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$16.50
		Fort Worth, TX 76110-2615					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Arlington Emergency Me		cine Associates	
	Date 02/15/2024	Full name of contributor out-of-state PAC Nguyen, Brandon Son Truong Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$99.00
		Austin, TX 78734-1171					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Tricity Pain Associates I	•		
	Date 01/30/2024	Full name of contributor out-of-state PAC Nirmal S Bual MD PA Contributor address; City; State; Zip Code Cypress, TX 77429-4697)	•	Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/05/2024	Full name of contributor out-of-state PAC Nordstrom, Jason R. Contributor address; City; State; Zip Code Dallas, TX 75219-4415	(ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Family Medical C		At Red Oak	
	-			<u> </u>			

	MONET	ARY POLITICAL CONT	TRIBUTIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to co	mplete this form.	1	otal pages Schedule A1: ch: 36/52 Rpt: 50/85	
2	FILER NAME Texas Medic	al Association Political Action Comm	ittee		ler ID (Ethics Commission 0015658	n Filers)
4	Date 02/17/2024	Norrell, Stacy L.	of-state PAC (ID#:) Code	7 Ar	mount of Contribution (\$)	\$83.34
		Magnolia, TX 77355-1836				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instruction UTMSH - Dept of Anes		logy	
	Date 01/30/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-			mount of Contribution (\$)	\$99.00
		Corpus Christi, TX 78412		<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)		
	Date 01/30/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-			mount of Contribution (\$)	\$99.00
		Corpus Christi, TX 78412				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 01/30/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-			mount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 02/21/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	Of-state PAC (ID#:) Code	Ai	mount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction Self Employed	ns)		
			,			

	MONEI	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	_E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 37/52 Rpt: 51/85	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 01/26/2024	 5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00
L		Austin, TX 78731-4706				
8	Principal occu Physician	, ,	9 Employer (See Instructions North Austin Urology	5)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: Orr, Justin D. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		El Paso, TX 79922-2003		<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Orsi, Michael Dana Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78232-2824				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology		oup, P.A.	
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#: Padakandla, Udaya Bhaskar Contributor address; City; State; Zip Code Carrollton, TX 75010-1145)		Amount of Contribution (\$)	\$2,167.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions USAP	<u>(</u>		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Pallan, Pablo Isaac Contributor address; City; State; Zip Code San Antonio, TX 78256-1666			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology		oup, P.A.	
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	E A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 38/52 Rpt: 52/85	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 02/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
		Dallas, TX 75225-5982				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID# Parnell, Deborah Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$55.00
		Dallas, TX 75230-2313	T	_		
	Principal occu Business Ow	pation / Job title (See Instructions) vner	Employer (See Instructions Business Owner	s)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID# Patel, Amish Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75206-5322				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Emergency Medicine Co	•	sultants, Ltd.	
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID# Patel, Dipan L. Contributor address; City; State; Zip Code Shavano Park, TX 78230-5641	:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology		oup, P.A.	
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID# Patel, Mohita A. Contributor address; City; State; Zip Code Frisco, TX 75033-0694	:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions USMD	;)		

	MONET	ARY POLITICAL CO		SCHEDUL	E A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 39/52 Rpt: 53/85	
2	FILER NAME Texas Medic	al Association Political Action C	ommittee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/17/2024	5 Full name of contributor Pearse, Lee Ann6 Contributor address; City; State	out-of-state PAC (ID#:;		7	Amount of Contribution (\$)	\$208.34
8		Dallas, TX 75244-7703 pation / Job title (See Instructions)	9	Employer (See Instructions			
	Physician Date 02/05/2024	Full name of contributor Pedro M. Arguello, MD, PA Contributor address; City; State Houston, TX 77055-7440		Pediatrix Medical Group		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/17/2024	Full name of contributor Poindexter, David P. Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Humble, TX 77347-0876 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician	(David P. Poindexter, MD	′		
	Date 02/14/2024	Full name of contributor Pollock, Todd Alan Contributor address; City; State Dallas, TX 75254-2742	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions North Dallas Plastic Sur	•	y Associates, PA	
	Date 02/13/2024	Full name of contributor Ponce De Leon, Anne Marie Contributor address; City; State Sugar Land, TX 77479-2554	e; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>;</u>)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 40/52 Rpt: 54/85	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/07/2024	 Full name of contributor out-of-state PAC (ID# Price, Mia B. Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$55.00
0	Dringing agg	Denton, TX 76205-8532	T ₀	Employer (See Instructions	<u>,,</u>		
8		pation / Job title (See Instructions) dent 2007-2008	9	Employer (See Instructions Business Owner	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID# Pugh, Martha E. Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$55.00
		Freeport, TX 77541-7909	_				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	S)		
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID# Race, James E. Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75224-3000	_				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Home Visiting Doctors N	′	nagement	
	Date 01/30/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID# Ramirez, Sylvester G. Contributor address; City; State; Zip Code Kerrville, TX 78028-2748)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 41/52 Rpt: 55/85	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	า Filers)
4	Date 02/20/2024	Full name of contributor Redish, Maureen Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$55.00
		Dallas, TX 75209-3330					
8	Principal occu Business Ov	upation / Job title (See Instructions)) 9	Employer (See Instructions Business Owner	s) 		
	Date 02/19/2024	Full name of contributor Resendez, Adelaida Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Victoria, TX 77904-1130 upation / Job title (See Instructions))	Employer (See Instructions Self Employed	<u> </u> S)		
	Date 02/15/2024	Full name of contributor Rice-Dorrough, Mollie Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Daine die alle and	Dallas, TX 75229-2722		Faralas a (Cara la describira	<u> </u>		
	Physician Physician	pation / Job title (See Instructions	,	Employer (See Instructions Methodist Health Syster			
	Date 01/31/2024	Full name of contributor Rinard, Katherine Leigh Contributor address; City; Sta Abilene, TX 79606-4385	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	I upation / Job title (See Instructions))	Employer (See Instructions Hendrick Provider Netwo		: - Urology	
	Date 02/17/2024	Full name of contributor Robinson, Eldon Stevens Contributor address; City; Sta	ate; Zip Code			Amount of Contribution (\$)	\$208.34
	Principal occu Physician	I upation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 42/52 Rpt: 56/85	
2	FILER NAME Texas Medic	al Association Political Action C	Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 01/31/2024	5 Full name of contributor Roth, Jon6 Contributor address; City; Stat)	7	Amount of Contribution (\$)	\$600.00
		Richardson, TX 75082-3872					
8	Principal occu EVP/CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Dallas County Medical S		iety	
	Date 01/31/2024	Full name of contributor Saadeh, Constantine Khalil Contributor address; City; Stat)		Amount of Contribution (\$)	\$99.00
	D: : 1	Amarillo, TX 79109-2114			<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Allergy A.R.T.S., LLP	5)		
	Date 02/12/2024	Full name of contributor Saenz, Jorge Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$99.00
		Weslaco, TX 78596-9602					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Jorge Saenz, MDPA	5)		
	Date 01/31/2024	Full name of contributor Salinas, Heriberto Contributor address; City; Stat Cleburne, TX 76033-6700	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 01/30/2024	Full name of contributor Sanchez, Homero R. Contributor address; City; Stat Laredo, TX 78044-2761	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			1				

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 43/52 Rpt: 57/85		
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	on Filers)	
4	Date 02/12/2024	5 Full name of contributor Sarmast, Shehnaz Aysha6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$99.00	
8	Principal occu Physician	Denison, TX 75020-4506 pation / Job title (See Instructions	9	Employer (See Instructions Dermatology Associates		Denison		
	Date 02/05/2024	Full name of contributor Sarmiento, Don Jose Contributor address; City; St Conroe, TX 77304-1785	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$27.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	<u> </u>			
	Date 02/12/2024	Full name of contributor Saunders, Ginger Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$55.00	
		Tyler, TX 75701-2909 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 02/13/2024	Full name of contributor Schoettle, Byron Wayne Contributor address; City; St Conroe, TX 77385-4369	out-of-state PAC (ID#:	Business Owner		Amount of Contribution (\$)	\$25.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Valley Radiologists & As		ciates		
	Date 02/20/2024	Full name of contributor Silva, Ezequiel Contributor address; City; St San Antonio, TX 78209-83			•	Amount of Contribution (\$)	\$2,500.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology		oup, P.A.		
			<u>'</u>					

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 44/52 Rpt: 58/85	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 02/05/2024	 5 Full name of contributor out-of-state PAC (ID#:_Simon, Terry L. 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Houston, TX 77098-1167 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Physician	,		Self Employed	•		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Siy, Linda M. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76109-5436					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Acclaim Physician Grou			
	Date 02/19/2024	Full name of contributor)		Amount of Contribution (\$)	\$300.00
		Manor, TX 78653-3768					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White He		h-Central Texas	
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:_ Snellings, Mary B. Contributor address; City; State; Zip Code Arlington, TX 76017-8211)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 02/03/2024	Full name of contributor out-of-state PAC (ID#:_ Snider, Lynn Contributor address; City; State; Zip Code Dallas, TX 75225-8136	••••)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	s)		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 45/52 Rpt: 59/85		
2	FILER NAME	al Anna sinting Palitical Anting Committee			3	Filer ID (Ethics Commission	on Filers)	
		al Association Political Action Committee				00015658		
4	Date 02/12/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00	
Q	Principal occu	Lubbock, TX 79407-2324 pation / Job title (See Instructions)	la.	Employer (See Instructions				
0	Physician Physician	pation 7 300 title (See instructions)		Self Employed	»)			
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ Soler-Banchs, Gabriella Marie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00	
		Dallas, TX 75390-0001						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center		
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Π	Amount of Contribution (\$)		
	02/14/2024	Soliman, Mona MAHMOUD MAIWAD				7 anount of Contains alon (4)	\$99.00	
		Contributor address; City; State; Zip Code Pearland, TX 77584-3500						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Physician			Wael Asi, MD PA				
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Steines, Michael William Contributor address; City; State; Zip Code College Station, TX 77845-4541)		Amount of Contribution (\$)	\$99.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Michael W. Steines, MD		4		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Stewart, Clayton Contributor address; City; State; Zip Code Austin, TX 78701-1672				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Vice Preside	nt, Public Affairs-Chief Lobbyist		Texas Medical Associat	ion			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 46/52 Rpt: 60/85	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/02/2024	 5 Full name of contributor out-of-state PAC (ID#:_Street, Austin D. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Dallas, TX 75229-2722 pation / Job title (See Instructions)	۵	Employer (See Instructions	-, 		
•	Physician Physician		9	UT Southwestern Medic			
	Date 02/15/2024	Full name of contributor				Amount of Contribution (\$)	\$16.50
	Principal occu	Sherman, TX 75090-5000 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>:)</u>		
	Physician	pation 7 300 title (See Instructions)		G. Dean Strobel, MD PA			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Suba, Steven A. Contributor address; City; State; Zip Code	••••)	•	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76132-1163					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Grace Obstetrics & Gyn	′	ology	
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Sun, Lucy Contributor address; City; State; Zip Code Dallas, TX 75201-0900)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Swart, Jennifer Estelle Contributor address; City; State; Zip Code San Antonio, TX 78209-4629)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup, P.A.	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 47/52 Rpt: 61/85	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/07/2024			7	Amount of Contribution (\$)	\$99.00
_		Dallas, TX 75231				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/27/2024	Full name of contributor out-of-state PAC (ID#:_ Tochterman, Alyssa D. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Andrews, TX 79714-2610				
	Principal occupation / Job title (See Instructions) Physician Employer (See Instructions Andrews Famliy Medicir					
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_ Trehan, Salil Kumar Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Amarillo, TX 79119-3867				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_ Tseng, Hsiang Chih Jim Contributor address; City; State; Zip Code Dallas, TX 75231-4627			Amount of Contribution (\$)	\$40.00
			Employer (See Instructions Self Employed)		
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_ Turbay, David Contributor address; City; State; Zip Code El Paso, TX 79912-2003			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Self Employed)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 48/52 Rpt: 62/85		
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/21/2024	 Full name of contributor out-of-state PAC (II Ukegbu, Ibidunni O. Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
8	Principal occu Physician	Grand Prairie, TX 75054-6752 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 02/17/2024	Full name of contributor out-of-state PAC (II Villarreal, E. Linda 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			<u>I</u> S)			
	Date 02/18/2024	Full name of contributor out-of-state PAC (II Vorhies, Linda Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$55.00
			Employer (See Instructions Business Owner	<u> </u> s)			
	Date 02/21/2024	te Full name of contributor out-of-state PAC (ID#:) Wadhwa, Anupama N. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00	
		Employer (See Instructions UT Southwestern Medic		Center			
	Date 02/09/2024	Full name of contributor out-of-state PAC (II Walsh, Heather Gayle Sutton Contributor address; City; State; Zip Code Mineral Wells, TX 76067-1730	D #:			Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Palo Pinto General Hos		al	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 49/52 Rpt: 63/85	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 02/19/2024	5 Full name of contributor Walters, Leslie Lewis6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$99.00
		Dallas, TX 75287-7233					
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions MCD Pathology, LLP	5)		
	Date 02/15/2024	Full name of contributor Ward, Frank T. Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Whitehouse, TX 75791-52 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> 5)		
	Physician			Self Employed			
	Date 02/01/2024	Full name of contributor West, Thomas Alonzo Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		McKinney, TX 75071-142	5				
	Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) Acute Surgical Care Sp		′	alists			
	Date 02/15/2024	Full name of contributor Westbrook, Benjamin Jan Contributor address; City; St El Paso, TX 79902-5008				Amount of Contribution (\$)	\$16.50
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions El Paso Head and Neck	•	ırgery	
	Date 01/29/2024	Full name of contributor Wheeler, Edward Contributor address; City; St)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions Mainland Center Hospit			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 50/52 Rpt: 64/85		
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 01/31/2024			7	Amount of Contribution (\$)	\$300.00	
8	Principal occu	Abilene, TX 79606-5881 pation / Job title (See Instructions)	la la	Employer (See Instructions			
•	Physician	pation / Job title (See instructions)		Self Employed	•)		
	Date 01/26/2024	Full name of contributor out-of-state PAC Wilkins, Sidney Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$55.00
	San Antonio, TX 78209-6354 Principal occupation / Job title (See Instructions) Employer (See Instruction			<u> </u> s)			
	Business Owner Business Owner		,				
	Date 02/17/2024	Full name of contributor out-of-state PAC (ID#:) Williams, Paul Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Longview, TX 75605-7706					
				Employer (See Instructions Texas Urology Specialis	′	- Longview	
	Date 01/26/2024	re Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$300.00	
	Principal occupation / Job title (See Instructions) Physician Employer (See Instruction Self Employed		5)				
	Date Full name of contributor out-of-state PAC (ID#:) 01/29/2024 Wooldridge, Rachel Diane Contributor address; City; State; Zip Code Southlake, TX 76092-7810		•	Amount of Contribution (\$)	\$99.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center	
			1				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 51/52 Rpt: 65/85		
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	-ilers)
4	Date 02/12/2024	 5 Full name of contributor out-of-state PAC (ID#Wright, Natalie A. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
•	Dringing Loggy	Dallas, TX 75206-5841	ام	Employer (Coa Instructions	<u></u>		
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 02/09/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	San Angelo, TX 76904-1569 Principal occupation / Job title (See Instructions) Employer (See Instruction			<u> </u> s)			
	Physician			Shannon Clinic			
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID# Yang, Victor W. Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$99.00
		Houston, TX 77024-5418					
Principal occupation / Job title (See Instructions) Physician Employer (See Instruction Texas Institute of Diges			′	e Health			
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#Yorke, Rebecca F. Contributor address; City; State; Zip Code Houston, TX 77019-6712)	•	Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) Employer (See		Employer (See Instructions Houston Methodist Hos		al - Pathology & Genomic M			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#Young, Jennifer Contributor address; City; State; Zip Code Tyler, TX 75701-7651			•	Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	5)		
			-1				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this	forn	n.	1	Total pages Schedule A1: Sch: 52/52 Rpt: 66/85	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Medic	al Association Political Action Committee				00015658	
4	Date 02/05/2024	5 Full name of contributor out-of-state PAC (ID#: Zamarron, Eloy)	7	Amount of Contribution (\$)	\$99.00
		6 Contributor address; City; State; Zip Code					
_	Drive in all accoun	Laredo, TX 78041-2335	٦,	Empleyer (Cool leathy stiese	$\overline{\Gamma}$		
8		pation / Job title (See Instructions)		Employer (See Instructions		DLLC	
	Physician			Laredo Premier Healthc	are	PLLC	
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	02/12/2024	Zeikus, Priya S.					\$99.00
		Contributor address; City; State; Zip Code					
		All TV 75040 0054					
		Allen, TX 75013-3351			Ĺ		
	Principal occupation / Job title (See Instructions) Employer (See Instruction				Danisan		
	Physician			Dermatology Associates	5 01		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	02/20/2024	Ziemke, Bill					\$500.00
		Contributor address; City; State; Zip Code					
		Con Antonio TV 70220 E740					
	Dringing con	San Antonio, TX 78230-5748	_	Employer (See Instructions	_		
	CEO	pation / Job title (See Instructions)		South Texas Radiology		nun PΔ	
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	+
	02/20/2024	Zink, Walter Earl					\$500.00
		Contributor address; City; State; Zip Code					
		Holotos TV 79022 4200					
	Dringing aggu	Helotes, TX 78023-4390	_	Employer (See Instructions	·/		
	Physician	pation / Job title (See Instructions)		South Texas Radiology		nun PΔ	
						<u> </u>	
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	+
	01/31/2024	Zurick, Vernon Edmond					\$500.00
		Contributor address; City; State; Zip Code					
		Lakoway, TV 70724 F100					
	Dringing!	Lakeway, TX 78734-5180		Employer (Cas Instruct)	Γ		
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician			Self Employed			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.		1	1 Total pages Schedule C3: Sch: 1/1 Rpt: 67/85		
2	FILER NAME	al Association Political Action Committee	3	Filer ID 00015658	(Ethics Commission Filers)	
Ļ	Date		_			
Ĺ	02/06/2024	5 Corporation / Labor Organization name Cano Family Medicine Clinic PLLC	6	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 SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 68/85 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Date 5 Corporation / Labor Organization name 6 Amount (\$) 02/22/2024 25,828.60 **Texas Medical Association**

	LOANS					SCHEDULE E
	The Instruction Guide explains how to complete this form				ages Schedule E: /1 Rpt: 69/85	
	FILER NAME Texas Medical A	Association Political Action C	Committee			(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)
	Is lender a financial institution?	8 Lender address; Cit	ty; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instr	ructions)	
14	Description of Coll	ateral		15 Check if personal fu	nds were deposited	d into political account (See Instructions)
	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; Cit	ty; State;	Zip Code		
20	Principal occupation	I on		21 Employer (See Instr	ructions)	

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/15 Rpt: 73/85	2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
01/30/2024	Ernest Bailes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1000 Bailes Dairy Road
Expenditure from corporate funds	Shepherd, TX 77371
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Continuous/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Ernest Bailes, STATE HOUSE 18th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/30/2024	Greg Bonnen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	P.O. Box 1183
Ψ25,000.00	1.0. Box 1100
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Greg Bonnen, STATE HOUSE 24th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/30/2024	Harold Dutton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	4001 Jewett
42,000.00	1002 001100
Expenditure from corporate funds	Houston, TX 77026
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITORE	Candidate/Officeholder/Political Committee
	Harold Dutton, STATE HOUSE 142nd TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/15 Rpt: 75/85	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
02/07/2024	Jackson, Robert E.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$440.53	7505 Morningside Dr
Expenditure from corporate funds	Houston, TX 77030-3619
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LIIDITORE	Candidate/Officeholder/Political Committee
	Inkind reimbursement for fundraising reception
O Committee ONII V if allowed	Our stide to 10 ff as health are seen as 10 ff as wealth
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/30/2024	James Talarico Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 5850
Expenditure from corporate funds	Round Rock, TX 78683
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	James Talarico, STATE HOUSE 52nd TX
Commiste ONII V if direct	Constitute (Office helder nove
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/31/2024	Jeff Bauknight Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 4122
Expenditure from corporate funds	Victoria, TX 77903
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Jeff Bauknight, STATE HOUSE 30th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/15 Rpt: 76/85	Texas Medical Association Political Action Committee 00015658
4 Date 02/07/2024	5 Payee name Jeff Bauknight Campaign
6 Amount (\$)	
\$5,000.00	7 Payee address; City; State; Zip Code P.O. Box 4122
Expenditure from corporate funds	Victoria, TX 77903
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder Check if Austin, TX, officeholder living expense Jeff Bauknight, STATE HOUSE 30th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Jeff Leach Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 866186
Expenditure from corporate funds	Plano, TX 75086
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Jeff Leach, STATE HOUSE 67th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/31/2024	Jennings, Paul E.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	PO Box 987
Expenditure from corporate funds	San Marcos, TX 78667-0987
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Refunds of Contributions from Individuals Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Refund contribution to individual
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 8/15 Rpt: 77/85	2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
02/07/2024	Jill Dutton for Texas House
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code411 VZCR 4503
Ψ2,300.00	411 VZCIX 4505
Expenditure from corporate funds	Ben Wheeler, TX 75754
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Jill Dutton, STATE HOUSE 2nd TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/13/2024	Jill Dutton for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	411 VZCR 4503
Expenditure from corporate funds	Ben Wheeler, TX 75754
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Jill Dutton, STATE HOUSE 2nd TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	John Kuempel Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	902 E. College Street
Expenditure from corporate funds	Seguin, TX 78155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	John Kuempel, STATE HOUSE 44th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/15 Rpt: 78/85	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
02/06/2024	Kitzman for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 553
Expenditure from corporate funds	Pattison, TX 77466
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Stan Kitzman, STATE HOUSE 85th TX
	Starratinan, STATE HOOSE GOT TA
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/30/2024	Lacey Hull for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 19231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Lacey Hull, STATE HOUSE 138th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better civot	<u>'</u>
Date	Payee name
02/06/2024	Mano DeAyala Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	12335 Kingsride Lane #416
Expenditure from corporate funds	Houston, TX 77024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Wallo DeAyala, STATE HOUSE 13310 TX
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/15 Rpt: 79/85	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
02/13/2024	Morgan Meyer for Texas House
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7,500.00	3838 Oak Lawn Avenue
	#400
Expenditure from corporate funds	Dallas, TX 75219
8 PURPOSE	I a
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Morgan Meyer, STATE HOUSE 108th TX
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/13/2024	Nathan Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$20,000.00	PO Box 670994
Ψ20,000.00	1 O BOX 010334
Expenditure from corporate funds	Dallas, TX 75367
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Nathan Johnson, STATE SENATE 16th TX
	Hadital Collison, Chitz Servite 19th 17th
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/13/2024	Pat Curry Campaign
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 204 Woodhew Dr.
\$2,500.00	204 Woodnew Dr.
Expenditure from corporate funds	Waco, TX 76712
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Pat Curry, STATE HOUSE 56th TX
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.50	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 11/15 Rpt: 80/85	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
02/20/2024	Pat Curry Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	204 Woodhew Dr.
Expenditure from corporate funds	Waco, TX 76712
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Pat Curry, STATE HOUSE 56th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
02/14/2024	Pete Sessions For Congress
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 7754
. ,	
Expenditure from corporate funds	Waco, TX 76714
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Pete Sessions, U.S. Rep. 17th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/07/2024	Reggie Smith Campaign
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 111A N. Travis
φ1,000.00	
Expenditure from	Ste. 5
corporate funds	Sherman, TX 75090
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Reggie Smith, STATE HOUSE 62nd TX
	Neggie Siliul, STATE HOUSE Uzilu TA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatalmanna 0.1. 1.1. Tr	
1 Total pages Schedule F1: Sch: 12/15 Rpt: 81/85	2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
02/07/2024	Stan Gerdes for Texas House
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 606 Gresham Street
Expenditure from corporate funds	Smithville, TX 78957
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Stan Gerdes, STATE HOUSE 17th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/25/2024	Texas Medical Assoc
Amount (\$)	Payee address; City; State; Zip Code
\$351.59	401 W. 15th Street
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Poll greeter to support John Kuempel for Texas House District 44
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/25/2024	Texas Medical Assoc
Amount (\$)	Payee address; City; State; Zip Code
\$319.76	401 W. 15th Street
+5-5110	
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZADITORE	Candidate/Officeholder/Political Committee
	Poll greeter to support Elizabeth Campos for Texas House District 119
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	⊣

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/15 Rpt: 82/85	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
02/25/2024	Texas Medical Assoc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$427.78	401 W. 15th Street
Expenditure from	Austin TV 70701
corporate funds	Austin, TX 78701
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Poll greeter to support Hugh Shine for Texas House
	District 55
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/25/2024	Texas Medical Assoc
Amount (\$)	Payee address; City; State; Zip Code
\$328.67	401 W. 15th Street
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	District 121
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/25/2024	Texas Medical Assoc
Amount (\$)	Payee address; City; State; Zip Code
\$397.01	401 W. 15th Street
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Block walker to support Pat Curry for Texas House
	District 56
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions' Donations Made By Candidate/Officeholder/Politica

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/15 Rpt: 83/85	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
02/25/2024	Texas Medical Assoc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$356.71	401 W. 15th Street
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Condidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Poll greeter to support Suleman Lalani for Texas
	House District 76
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/25/2024	Texas Medical Assoc
Amount (\$)	Payee address; City; State; Zip Code
\$443.38	401 W. 15th Street
41.0.00	
Expenditure from corporate funds	Austin, TX 78701
<u> </u>	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Poll greeter to support Jacey Jetton for Texas House
	District 26
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/25/2024	Texas Medical Assoc
Amount (\$)	Payee address; City; State; Zip Code
\$783.00	401 W. 15th Street
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Poll greeters to support Dade Phelan Texas House
	District 21
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>
i	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 15/15 Rpt: 84/85	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
01/30/2024	Travis Clardy Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 209 E. Main St.
Expenditure from corporate funds	Nacogdoches, TX 75961
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Travis Clardy, STATE HOUSE 11th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/30/2024	Trent Ashby Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 412
Expenditure from corporate funds	Lufkin, TX 75902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Trent Ashby, STATE HOUSE 57th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/06/2024	Venton For Texas
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1075 Griffin St. West
	Suite 212
Expenditure from corporate funds	Dallas, TX 75215
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Venton Jones, STATE HOUSE 100th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By	- Gift/Awards	/Memorials Expense P	rinting Expense Tra	avel in District avel Out of District	
	Candidate/Officeholder/Politica	l Committee Legal Servi			THER (enter a category not listed above)	
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
			ociation Political Actio	n Committee	3 Filer ID (Ethics Commission Filers) 00015658	
_	Sch: 1/1 Rpt: 85/85				00012028	
4	CREDIT CARD Name of financial institution SSUER		5 TOTAL OF UNITEMIZED EXPENDITURES	\$		
		Mastercard		CHARGED TO A CREDIT		
_	PAYMENT	(a) Amount Charged (b) Date of Charge		CARD (c) Date(s) Credit Card Issue	, Daid	
٥	Expenditure from		(b) Date of Charge	(c) Date(s) Credit Card Issuel	Palu	
	corporate funds	\$35.75	02/19/2024			
7	PAYEE	(a) Davisa nama		(h) Davisa address:	City Code	
'	PATEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
		Schmaltz's Sandwich Shoppe		105 S 5th St #2102		
				Waco, TX 76701		
8	PURPOSE OF	(a) Category		(b) Description		
١	EXPENDITURE	(See Categories listed at the top of this schedule)		Lunch with Pat Curry for 1	exas House District 56	
	X Political	Food/Beverage Expense		,		
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.		Charlett Avetter TV	eff and a later their recovery	
٥	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	ce sought	officeholder living expense Office held	
expenditure to benefit C/OH					Chiec field	
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