

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,094.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 148,748.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Debbie B Garza

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Pharmacy Association PAC		18 Filer ID (Ethics Commission Filers) 00016271
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,340.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 154.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim <hr/> 6 Contributor address; City; State; Zip Code Kingsville, TX 78363	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonzo, Joy <hr/> Contributor address; City; State; Zip Code Spring, TX 77386-3937	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asias-Dinh, Bernadette <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2964	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam <hr/> Contributor address; City; State; Zip Code Vernon, TX 76384-3165	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/21 Rpt: 5/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam 6 Contributor address; City; State; Zip Code Vernon, TX 76384-3165	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Charnesa Contributor address; City; State; Zip Code Houston, TX 77002-8964	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law Contributor address; City; State; Zip Code Arlington, TX 76017-1739	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Andrea <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016-5362	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5560	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burney, Cheryl <hr/> Contributor address; City; State; Zip Code Houston, TX 77231-1219	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, LaVonia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-4036	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/21 Rpt: 7/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers, Robert <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79118-1140	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-6232	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheatheat, Jamie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-6988	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comfort, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78729-6479	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compean, Deborah <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79938-4850	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coy, Carmen <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-0608	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dam, Vinh <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damaske, David <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-5350	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Thomas <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165-1590	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/21 Rpt: 9/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozier, Dawn <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-7210	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Michelle <hr/> Contributor address; City; State; Zip Code Conroe, TX 77302-4721	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Patricia <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530-4559	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fat-Anthony, William <hr/> Contributor address; City; State; Zip Code Mission, TX 78574-1202	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-5006	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/21 Rpt: 10/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Cassandra	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Cibolo, TX 78108-4352		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Aaron	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Andrews, TX 79714-3618		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Karen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Temple, TX 76502-4119		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Santos	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code McAllen, TX 78504-4764		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Matthew	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Woodville, TX 75979-6217		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/21 Rpt: 11/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Greg <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641-4267	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakam, Amer <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-6668	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Lee Ann <hr/> Contributor address; City; State; Zip Code Detroit, TX 75436-4500	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden, Lauren <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-6580	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, W. Carter <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-6648	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/21 Rpt: 12/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobart, Christopher <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423-6165	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michael <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586-2822	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icard, David <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375-4867	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Stephanie <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-8835	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2646	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/21 Rpt: 13/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi, Sirisha <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019-5985	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76131-2911	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76131-2911	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Grace <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226-8904	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-8181	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/21 Rpt: 14/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Larry <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248-1451	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupp, Keri <hr/> Contributor address; City; State; Zip Code Graham, TX 76450-0447	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawani Naylor, Hanifath <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566-7921	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Grace <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-4990	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-1466	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/21 Rpt: 15/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Brian	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Germantown, TN 38138		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Lee	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Andrews, TX 79714-2602		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Plano, TX 75093-4529		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcanally, Bruce	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Austin, TX 78703-3211		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Eastland, TX 76448-2245		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montalbano, Christopher	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Bay St Louis, MS 39521-3736		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jerry(Jay)	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Texarkana, AR 71854-8169		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Lesli	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Mansfield, TX 76063-5443		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moussallie, George	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Edgewood, WA 98371-1408		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/21 Rpt: 17/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murhammer, Payal	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-3793		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ndu, Adaeze	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Frisco, TX 75035		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Notturmo-Strong, Debra	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Tuscola, TX 79562-3435		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwosu, Tochi	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Richmond, TX 77469-5725		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oraekwe, Peter	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015-5049		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/21 Rpt: 18/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ouellette, Craig <hr/> 6 Contributor address; City; State; Zip Code Wellington, TX 79095-5031	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Margie <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-4106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pallett, David <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-2718	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stephanie <hr/> Contributor address; City; State; Zip Code Borger, TX 79008-3282	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Min <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-0117	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/21 Rpt: 19/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Chantelle	7 Amount of Contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code Fresno, TX 77545-2318		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel, Russell	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pilot Point, TX 76258-3762		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Cynthia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code El Paso, TX 79935		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, LaToria	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Dallas, TX 75201-8458		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/21 Rpt: 20/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay <hr/> 6 Contributor address; City; State; Zip Code Prague, OK 74864-1501	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Miguel <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-2237	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraj, Nada <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-2856	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kimberly <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-5300	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, David <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087-2404	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/21 Rpt: 21/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seals, Debra <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-2383	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Kelly <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-8408	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sohn, Ted <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5578	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stonecipher, Chad <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681-2446	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundrani, Navid <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-3613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/21 Rpt: 22/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbot, Sandra	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-4009	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204-2178	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Dallas, TX 75204-2358	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Hang	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Austin, TX 78726-1936	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Julie	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Bentonville, AR 72713-3181	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Charlotte <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75710-1411	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Loynecia <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-3285	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Courtney <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757-8239	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Lindsey <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089-4576	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Annie <hr/> Contributor address; City; State; Zip Code Houston, TX 77039-4120	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/21 Rpt: 24/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody, Bonnie <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180-7843	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zegarelli, Brandon <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-4512	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 25/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/01/2024	5 Corporation / Labor Organization name Highland Drug, Inc	6 Amount (\$) 4.00
Date 03/31/2024	Corporation / Labor Organization name Maxwell Pharmacy, Inc.	Amount (\$) 50.00
Date 03/31/2024	Corporation / Labor Organization name Pets & People Pharmacy	Amount (\$) 50.00
Date 04/18/2024	Corporation / Labor Organization name Walgreens	Amount (\$) 50.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 26/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/31/2024	5 Corporation / Labor Organization name Texas Pharmacy Association	6 Amount (\$) 1,600.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 27/27	2 FILER NAME Texas Pharmacy Association PAC	3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/19/2024	5 Payee name JWP Consulting	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 11923 Catrose Lane Cypress, TX 77429	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Student Leadership Institute consulting Linking Leadership with Advocacy
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held