MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

	· · · ·				
The MPAC Instruction	Guide explains how to complete this form.	Filer ID Ethics Commission Filers) 00016271	2 Total pages filed: 27		
3 COMMITTEE NAME			OFFICE USE ONLY		
Texas Pharmacy	Association PAC				
,			Date Received		
			ELECTRONICALLY FILED		
			05/02/2024		
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY	(; STATE; ZIP			
ADDRESS		, 01/(12, 21			
	3200 Steck Ave				
	Suite 370				
Change of Addres	Austin, TX 78757		Date Hand-delivered or Date Postmarked		
5 CAMPAIGN	MS/MRS/MR FIRST	MI			
TREASURER	Mrs. Debbie B		Receipt # Amount		
NAME					
			Date Processed		
	NICKNAME LAST	SUFFIX	Date Hotessed		
			Date Imaged		
	Garza		Date imageu		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE		
STREET	3200 Steck Ave.				
ADDRESS	Ste. 370				
(Residence or Business)	Austin, TX 78757				
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE		
TREASURER MAILING	3200 Steck Ave.				
ADDRESS	Ste. 370				
Change of Addres	Austin, TX 78757				
		EVTENOION			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(512) 615-9170				
9 REPORT TYPE	X Monthly	1 10th day after campaign	Dissolution (Attach PAC-DR)		
		treasurer termination	Dissolution (Attach FAC-DR)		
10 MONTHLY					
REPORT FILING	January 5 April 5	July 5	October 5		
DEADLINE	February 5 X May 5				
	February 5 X May 5	August 5	November 5		
	March 5 June 5	September 5	December 5		
11 PERIOD	Month Day Year THRC	Month	Day Year		
COVERED	03/26/2024	04/25/2	.024		
	1				
GO TO PAGE 2					
Forms provided by Te	xas Ethics Commission www.ethics.	state tx us	Version V3.5.1.5b35d027		

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Pharmacy Assoc	iation PAC		0001627	'1
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,094.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	148,748.55
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		l swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Debl	bie B Garza	
		Signature of Ca	mpaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
of	, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

FORM MPAC COVER SHEET PG 3 3 of 27

17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Ph	armacy Association PAC	00016271	
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,340.00
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.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 154.00
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 1,600.00
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 10,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - MPAC

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/27
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Pharmacy Association PAC	00016271
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/09/2024 Abu-Baker, Asim	\$60.00
6 Contributor address; City; State; Zip Code	
Kingsville, TX 78363	
B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	 IS)
Pharmacist	-,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/31/2024 Alonzo, Joy	\$50.00
Contributor address; City; State; Zip Code	
Spring, TX 77386-3937	
Principal occupation / Job title (See Instructions) Employer (See Instruction:	IS)
Pharmacist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/20/2024 Alvarado, Christopher	\$100.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78253-6283	<u> </u>
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist	IS)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/31/2024 Asias-Dinh, Bernadette	\$50.00
Contributor address; City; State; Zip Code	
Houston, TX 77008-2964	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Pharmacist	5)
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 04/02/2024 Bayer, Adam	Amount of Contribution (\$) \$100.00
	φ100.00
Contributor address; City; State; Zip Code	
Vernon, TX 76384-3165	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Pharmacist	.,

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/21 Rpt: 5/27	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	5)
	macy Association PAC		00016271	.,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
03/31/2024			\$50	0.00
	6 Contributor address; City; State; Zip Code			
	Vernon, TX 76384-3165			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/08/2024	Beall, Michelle)		0.00
04/00/2024			\$10 	0.00
	Contributor address; City; State; Zip Code			
	Tatum, TX 75691-3769			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	, paulit, 200 and (200	,	,	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/04/2024	Full name of contributor out-of-state PAC (ID#: Beall, Michelle			0.00
04/04/2027				0.00
	Contributor address; City; State; Zip Code			
	Tatum, TX 75691-3769			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	, palon / 002 and (200 monoclassic)		,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
04/01/2024	Bell, Charnesa	/		4.00
04/01/2027			¥-	4.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77002-8964			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist			/	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/01/2024	Boboye, Law	J		4.00
04011202	Contributor address; City; State; Zip Code			4.00
	Arlington, TX 76017-1739			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/27
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)
Texas Pharr	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/15/2024	Brooks, Andrea		\$50.00
	6 Contributor address; City; State; Zip Code		
	Arlington, TX 76016-5362		
	upation / Job title (See Instructions)	9 Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/24/2024	Bueche, Jay		\$60.00
	Contributor address; City; State; Zip Code		
	New Braunfels, TX 78132-2927		
	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/20/2024	Buras, Lynde		\$60.00
	Contributor address; City; State; Zip Code		
	College Chation TV 7704E EEGO		
Dringing oppu	College Station, TX 77845-5560		<u> </u>
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Burney, Cheryl		\$4.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77231-1219		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u>
Pharmacist)
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
04/01/2024	Full name of contributor out-of-state PAC (ID#: Cannon, LaVonia)	\$4.00
07101/202 .	Contributor address; City; State; Zip Code		÷
	Continuutor address, City, State, Zip Code		
	Richmond, TX 77407-4036		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	·)
Pharmacist		• •	, ,

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

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/01/2024	Compean, Deborah		\$4.00
	6 Contributor address; City; State; Zip Code		
	El Paso, TX 79938-4850		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/06/2024	Coy, Carmen		\$4.00
	Contributor address; City; State; Zip Code		
	Fulshear, TX 77441-0608		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/01/2024	Dam, Vinh		\$4.00
	Contributor address; City; State; Zip Code		
	Aledo, TX 76008		
-	upation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/31/2024	Damaske, David		\$50.00
	Contributor address; City; State; Zip Code		
	Allen, TX 75013-5350		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Davis, Thomas)	\$4.00
04/01/2024	Contributor address; City; State; Zip Code		\$ 1.00
	Contributor address, City, State, Zip Code		
	Waxahachie, TX 75165-1590		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist	· · · ·		
		1	

The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 6/21 Rpt: 9/27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7 Amount of Contribution (\$)
04/01/2024	Dozier, Dawn		\$4.00
	6 Contributor address; City; State; Zip Code		
	Pearland, TX 77584-7210		
	pation / Job title (See Instructions)	9 Employer (See Instruction	IS)
Pharmacist			
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
03/29/2024	Driscoll, Michelle		\$25.00
	Contributor address; City; State; Zip Code		
	Conroe, TX 77302-4721		
	pation / Job title (See Instructions)	Employer (See Instruction	15)
Pharmacist			.
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Driver, Patricia		\$4.00
	Contributor address; City; State; Zip Code		
	Channelview, TX 77530-4559		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	าร)
Pharmacist			-,
Date	Full name of contributor Out-of-state P	I PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Fat-Anthony, William	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$4.00
	Contributor address; City; State; Zip Code		
	Mission, TX 78574-1202		
	pation / Job title (See Instructions)	Employer (See Instruction	is)
Pharmacist			
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
04/06/2024	Fry, Wilson		\$60.00
	Contributor address; City; State; Zip Code]
	0 D		
D in single and	San Benito, TX 78586-5006		
	pation / Job title (See Instructions)	Employer (See Instruction	1S)
Pharmacist			

т	he Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 7/21 Rpt: 10/27	
2 F	ILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC			00016271	,
4 D	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
0	3/26/2024	Garcia, Cassandra				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Cibolo, TX 78108-4352		Ĺ		
	rincipal occu harmacist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
D	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
0	4/10/2024	Gibson, Aaron				\$200.00
		Contributor address; City; State; Zip Code		1		
		Andrews, TX 79714-3618				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
P	harmacist					
D	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
0	4/12/2024	Gonzales, Karen				\$10.00
		Contributor address; City; State; Zip Code		1		
		Townle TV 70500 4110				
		Temple, TX 76502-4119				
	rincipal occu harmacist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	.
0	4/01/2024	Gonzalez, Santos				\$4.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504-4764				
P	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Р	harmacist	, , , , , , , , , , , , , , , , , , ,				
D	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
0	4/01/2024	Greenwood, Matthew	/			\$4.00
		Contributor address; City; State; Zip Code		•		
		Woodville, TX 75979-6217				
Р	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
P	harmacist					

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 8/21 Rpt: 11/27	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
	nacy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/01/2024	Guidry, Greg			\$4.00
	6 Contributor address; City; State; Zip Code			
	Leander, TX 78641-4267			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/01/2024	Hakam, Amer			\$4.00
	Peoria, AZ 85383-6668			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/15/2024	Hampton, Lee Ann	/		\$50.00
07/10/202 .				ψυυ.υυ
	Contributor address; City; State; Zip Code			
	Detroit, TX 75436-4500			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist		<u> </u>)	
Date	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
04/05/2024	Full name of contributor out-of-state PAC (ID#: Hayden, Lauren)		\$60.00
04/03/2024	-			Φ00.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78015-6580			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	۱	
Pharmacist)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/16/2024	High, W. Carter		\$	100.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76244-6648			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/21 Rpt: 12/27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/08/2024	Hobart, Christopher		\$60.00
	6 Contributor address; City; State; Zip Code		1
	Lubbock, TX 79423-6165		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Pharmacist			''
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Hughes, Michael		\$4.00
	Contributor address; City; State; Zip Code		1
	Seabrook, TX 77586-2822		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Icard, David		\$4.00
	Contributor address; City; State; Zip Code		
	Tomball, TX 77375-4867		<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Joseph, Stephanie		\$4.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581-8835		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Pharmacist			,
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)
04/01/2024	Kadivi, Kyle		\$4.00
-	Contributor address; City; State; Zip Code		4
	Frisco, TX 75034-2646		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Pharmacist			
		1	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/21 Rpt: 13/27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/01/2024			\$4.0
	6 Contributor address; City; State; Zip Code		
	Coppell, TX 75019-5985		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/18/2024	Killam-Worrall, Lisa	,	\$60.0
	Saginaw, TX 76131-2911		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Pharmacist			,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
04/16/2024	Killam-Worrall, Lisa	/	\$100.0
0-110/202 .			Ψ±00.0
	Contributor address; City; State; Zip Code		
	Saginaw, TX 76131-2911		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	k)
Pharmacist			,
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
04/01/2024	Full name of contributor out-of-state PAC (ID#: Kim, Grace)	Amount of Contribution (\$) \$4.0
04/01/2024			ψ
	Contributor address; City; State; Zip Code		
	Lantana, TX 76226-8904		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Pharmacist			<i>.</i>)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Klein, Mary		\$25.0
	Contributor address; City; State; Zip Code		
	Abilene, TX 79602-8181		
-	upation / Job title (See Instructions)	Employer (See Instructions	i)
Pharmacist			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 11/21 Rpt: 14/27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/20/2024	Krasner, Larry		\$50.0
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75248-1451		
	ipation / Job title (See Instructions)	9 Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/31/2024	Krupp, Keri		\$50.0
	Contributor address; City; State; Zip Code		
	Graham, TX 76450-0447		
	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Lawani Naylor, Hanifath		\$4.0
	Contributor address; City; State; Zip Code		
	Los Fresnos, TX 78566-7921		
	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Lee, Grace		\$4.0
	Contributor address; City; State; Zip Code		
	Richardson, TX 75081-4990		
	pation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Lingam, Sravanthi		\$4.0
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028-1466		
-	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			

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

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/11/2024	Mcnabb, Benjamin		\$100.0
	6 Contributor address; City; State; Zip Code		
	Eastland, TX 76448-2245		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Montalbano, Christopher		\$4.0
	Contributor address; City; State; Zip Code		
	Bay St Louis, MS 39521-3736		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Morgan, Jerry(Jay)		\$4.0
	Contributor address; City; State; Zip Code		
	Texarkana, AR 71854-8169		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Morrow, Lesli		\$4.0
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76063-5443		
	upation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Moussallie, George		\$4.0
	Contributor address; City; State; Zip Code		
	Edgewood, WA 98371-1408		
-	upation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/21 Rpt: 17/27	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/01/2024	Murhammer, Payal			\$4.00
	6 Contributor address; City; State; Zip Code			
	Flower Mound, TX 75028-3793			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Ndu, Adaeze			\$4.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/01/2024	Notturno-Strong, Debra	······································		\$4.00
	Contributor address; City; State; Zip Code			
	Tuscola, TX 79562-3435			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Nwosu, Tochi	······································		\$4.00
	Contributor address; City; State; Zip Code			
	Richmond, TX 77469-5725			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/31/2024	Oraekwe, Peter	,	/ initial of contribution (+)	\$50.00
	Contributor address; City; State; Zip Code			+00100
	Contributor address, City, State, Zip Code			
	Fair Oaks Ranch, TX 78015-5049			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist			,	

2 FILER NAME Texas Pharmacy Association PAC 3 Filer ID (Ethics Commission Filers) 00016271 4 Date 04/01/2024 5 Full name of contributor out-of-state PAC (ID#:) Ouellette, Craig 7 Amount of Contribution (\$) \$4.00 6 Contributor address; City; State; Zip Code Wellington, TX 79095-5031 Vellington, TX 79095-5031	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:	
Texas Pharmacy Association PAC 00016271 4 Date 5 Full name of contributor out-of-state PAC (Der) 7 Amount of Contribution (\$) 04/01/2024 6 Contributor address: Chry. State: Zip Code 7 Amount of Contribution (\$) \$4.00 8 Principal occupation / Job title (See instructions) 9 Employer (See Instructions) 7 Amount of Contribution (\$) 03/31/2024 Full name of contributor out-of-state PAC (Der				Sch: 15/21 Rpt: 18/27	
4 Date 5 Full name of contributor out-of-state PAC (DF					I
04/01/2024 Ouellette, Craig \$4.00 6 Contributor address; City, State; Zip Code \$4.00 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pharmacist 9 Full name of contributor out-of-state PAC (De:		, 			
Wellington, TX 79095-5031 Employer (See Instructions) Pharmacist Date Q3/31/2024 Full name of contributor out-of-state PAC (De:)		4.00
Wellington, TX 79095-5031 Employer (See Instructions) Pharmacist Date Q3/31/2024 Full name of contributor out-of-state PAC (De:		6 Contributor address; City; State; Zip Code			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Platmacist 9 Employer (See Instructions) Amount of Contribution (\$) 03/31/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 03/31/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 9 Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 03/31/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 03/31/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 03/31/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (Der Amount					
9 Employer (See Instructions) 9 Employer (See Instructions) Plate Full name of contributor out-of-state PAC (Der					
Pharmacist Amount of Contributor out-of-state PAC (ID#:					
Date Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) 03/31/2024 Padilla, Margie \$\$0.00 Contributor address; City; State; Zip Code Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) O3/31/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) O3/31/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) O3/31/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4.00 Pharmacist Palmer, Stephanie S4.00 O4/01/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4.00 Date Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) Date Full name of contributor out		pation / Job title (See Instructions)	9 Employer (See Instructions))	
03/31/2024 Padilla, Margie	Pharmacist				
Contributor address; City; State; Zip Code EI Paso, TX 79912-4106 Principal occupation / Job title (See Instructions) Pharmacist Date 03/31/2024 Pallett, David Contributor address; City; State; Zip Code Arlington, TX 76012-2718 Principal occupation / Job title (See Instructions) Palmer, Stephanie Contributor address; City; State; Zip Code Borger, TX 79008-3282 Principal occupation / Job title (See Instructions) Pharmacist Date O4/01/2024 Full name of contributor Out-of-state PAC (IDF: Pharmacist Date Odified accupation / Job title (See Instructions) Pharmacist Date Oate Odified accupation / Job title (See Instructions) <tr< td=""><td>Date</td><td>Full name of contributor Dut-of-state PAC (ID#:_</td><td>)</td><td>Amount of Contribution (\$)</td><td></td></tr<>	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate Full name of contributor out-of-state PAC (ID#:	03/31/2024	Padilla, Margie		\$50	0.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:					
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Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/31/2024 Pallett, David \$50.00 Contributor address; City; State; Zip Code Arlington, TX 76012-2718 \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Pharmacist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Oate Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Od/01/2024 Palmer, Stephanie \$4.00 Borger, TX 79008-3282 Employer (See Instructions) Pharmacist Employer (See Instructions) Oate Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) Pharmacist Employer (See Instructions) \$4.00 Od/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Od/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Od/01/2024 Full name of contributor out-of-state PAC (ID#:) </td <td>-</td> <td>pation / Job title (See Instructions)</td> <td>Employer (See Instructions</td> <td>)</td> <td></td>	-	pation / Job title (See Instructions)	Employer (See Instructions)	
03/31/2024 Pallett, David \$50.00 Contributor address; City; State; Zip Code Arlington, TX 76012-2718 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$4.00 Od/01/2024 Full name of contributors; City; State; Zip Code Employer (See Instructions) \$4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4.00 Pharmacist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) O4//01/2024 Park, Min Contributor address; City; State; Zip Code Amount of Contribution (\$) O4//01/2024 McKinney, TX 75071-0117 Employer (See Instructions) \$4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4.00	Pharmacist				
Contributor address; City; State; Zip Code Arlington, TX 76012-2718 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Adv/01/2024 Palmer, Stephanie Amount of Contribution (\$) Contributor address; City; State; Zip Code Borger, TX 79008-3282 Amount of Contributions) Pharmacist Employer (See Instructions) \$4.00 Pharmacist Barger, TX 79008-3282 Employer (See Instructions) Pharmacist Employer (See Instructions) \$4.00 Od/01/2024 Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
Arlington, TX 76012-2718 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Gate Date Full name of contributor 04/01/2024 Palmer, Stephanie Contributor address; City; State; Zip Code Amount of Contribution (\$) Borger, TX 79008-3282 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Gate Date Full name of contributor O4/01/2024 Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Contributor Date Full name of contributor 04/01/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Full name of contributor Out-of-state PAC (ID#:) 04/01/2024 Full name of contributor Out-of-state PAC (ID#:) McKinney, TX 75071-0117 Kinney K4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	03/31/2024	Pallett, David		\$50).00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/01/2024 Palmer, Stephanie \$4.00 Contributor address; City; State; Zip Code Borger, TX 79008-3282 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Out-of-state PAC (ID#:) Amount of Contribution (\$) Pharmacist Employer (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:) Advinue Contributor address; City; State; Zip Code Amount of Contribution (\$) 04/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) McKinney, TX 75071-0117 McKinney, TX 75071-0117 Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/01/2024 Palmer, Stephanie \$4.00 Contributor address; City; State; Zip Code Borger, TX 79008-3282 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Out-of-state PAC (ID#:) Amount of Contribution (\$) Pharmacist Employer (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:) Advinue Contributor address; City; State; Zip Code Amount of Contribution (\$) 04/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) McKinney, TX 75071-0117 McKinney, TX 75071-0117 Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/01/2024 Palmer, Stephanie \$4.00 Contributor address; City; State; Zip Code Borger, TX 79008-3282 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Out-of-state PAC (ID#:) Amount of Contribution (\$) Pharmacist Employer (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:) Advinue Contributor address; City; State; Zip Code Amount of Contribution (\$) 04/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) McKinney, TX 75071-0117 McKinney, TX 75071-0117 Employer (See Instructions)		Arlianter, TV 70010 0710			
Pharmacist Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Palmer, Stephanie \$4.00 Contributor address; City; State; Zip Code Employer (See Instructions) \$4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Pharmacist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) McKinney, TX 75071-0117 moutor address; City; State; Zip Code McKinney, TX 75071-0117 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Palmer, Stephanie \$4.00 Contributor address; City; State; Zip Code Borger, TX 79008-3282 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) O4/01/2024 Park, Min Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) McKinney, TX 75071-0117 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		pation / Job title (See Instructions)	Employer (See Instructions)	
04/01/2024 Palmer, Stephanie \$4.00 Contributor address; City; State; Zip Code \$4.00 Borger, TX 79008-3282 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor Date Full name of contributor 04/01/2024 Full name of contributor 04/01/2024 Out-of-state PAC (ID#:) Amount of Contribution (\$) \$4.00 04/01/2024 McKinney, TX 75071-0117 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Phanhacist				
Contributor address; City; State; Zip Code Borger, TX 79008-3282 Principal occupation / Job title (See Instructions) Pharmacist Date Full name of contributor O4/01/2024 Full name of contributor Park, Min Amount of Contribution (\$) Contributor address; City; State; Zip Code McKinney, TX 75071-0117 Principal occupation / Job title (See Instructions) Employer (See Instructions))		
Contributor address; City; State; Zip Code Borger, TX 79008-3282 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) O4/01/2024 Park, Min Contributor address; City; State; Zip Code Amount of Contribution (\$) McKinney, TX 75071-0117 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	04/01/2024			\$4	·.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/01/2024 Park, Min Amount of Contribution (\$) Contributor address; City; State; Zip Code McKinney, TX 75071-0117 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/01/2024 Park, Min Amount of Contribution (\$) Contributor address; City; State; Zip Code McKinney, TX 75071-0117 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/01/2024 Park, Min Amount of Contribution (\$) Contributor address; City; State; Zip Code McKinney, TX 75071-0117 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Porgor TV 70009 2292			
Pharmacist Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Park, Min \$4.00 Contributor address; City; State; Zip Code McKinney, TX 75071-0117 \$4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Drinoinal agou		Employer (See Instructions)	\ \	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/01/2024 Park, Min \$4.00 Contributor address; City; State; Zip Code McKinney, TX 75071-0117 Principal occupation / Job title (See Instructions) Employer (See Instructions))	
04/01/2024 Park, Min \$4.00 Contributor address; City; State; Zip Code \$4.00 McKinney, TX 75071-0117 Employer (See Instructions)					
Contributor address; City; State; Zip Code McKinney, TX 75071-0117 Principal occupation / Job title (See Instructions) Employer (See Instructions))		
McKinney, TX 75071-0117 Principal occupation / Job title (See Instructions) Employer (See Instructions)	04/01/2024			\$4	.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		McKinney TX 75071-0117			
	Principal occu		Employer (See Instructions)	
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	. numuoist				

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

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 17/21 Rpt: 20/27	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/11/2024	Rider, Kay		\$60.	.00
	6 Contributor address; City; State; Zip Code			
	Prague, OK 74864-1501			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)	
Pharmacist	•		, ,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	—
04/25/2024	Romero, Miguel		\$25.	.00
	El Paso, TX 79911-2237			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()	
Pharmacy T	echnician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Sarraj, Nada		\$4.	.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77095-2856			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Schaffer, Kimberly		\$4.	.00
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613-5300			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Schwartz, David		\$4.	.00
	Contributor address; City; State; Zip Code			
	Declarell TV 75007 2404			
Dringing Loopu	Rockwall, TX 75087-2404		<u> </u>	
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions)	
Phamacist				

i				
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 18/21 Rpt: 21/27	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/01/2024	Seals, Debra		\$4.	.00
	6 Contributor address; City; State; Zip Code			
	Pearland, TX 77584-2383			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/28/2024	Selby, Kelly	/	\$100.	.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76205-8408			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	, , , , , , , , , , , , , , , , , , ,		, ,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
04/15/2024	Sohn, Ted	/	S50.	00
0411012024			φου.	.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-5578			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist			, ,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
03/31/2024	Stonecipher, Chad	/	Amount of Contribution (\$) \$50.	00
03/31/2024			φου.	.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78681-2446			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Pharmacist)	
		<u> </u>		_
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	~~
03/31/2024	Sundrani, Navid		\$50.	.00
	Contributor address; City; State; Zip Code			
	Friend TV 75025 2612			
Duin single age	Frisco, TX 75035-3613		<u>.</u>	
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
				1

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 19/21 Rpt: 22/27	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	nacy Association PAC		00016271	0.0,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/01/2024	Talbott, Sandra			\$4.00
	6 Contributor address; City; State; Zip Code			
	Sugar Land, TX 77478-4009			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	_
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/2024	Tapia, Daniel		9	\$60.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78204-2178			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Thomas, Justin			\$4.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75204-2358			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Tran, Hang			\$4.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78726-1936			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Vu, Julie			\$4.00
	Contributor address; City; State; Zip Code			
	Bentonville, AR 72713-3181			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/27	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/22/2024	Weller, Charlotte			\$60.00
	6 Contributor address; City; State; Zip Code			
	Tyler, TX 75710-1411			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Wilkerson, Loynecia			\$4.00
	Contributor address; City; State; Zip Code			
	Manvel, TX 77578-3285			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/10/2024	Willis, Courtney			\$15.00
	Contributor address; City; State; Zip Code			
	Bullard, TX 75757-8239			
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacy T	echnician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Willis, Lindsey			\$4.00
	Contributor address; City; State; Zip Code			
	Rowlett, TX 75089-4576			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/05/2024	Wong, Annie			\$60.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77039-4120			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				

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

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Solicitation/Fundraising Expense Sverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District SWages/Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 27/27	Texas Pharmacy Association PAC	00016271				
4 Date 04/19/2024	5 Payee name JWP Consulting					
6 Amount (\$) \$10,000.00	 7 Payee address; City; State; Zip C 11923 Catrose Lane 	Code				
Expenditure from corporate funds	Cypress, TX 77429					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. 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/OF	Candidate/Officeholder name Office so	Dught Office held				