MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Τł	ne MPAC Instruction	Suide explains how to complete this form.	Filer ID (Ethics Commission Filers) 00015658	2 Total pages filed: 41
3	COMMITTEE NAME			OFFICE USE ONLY
	Texas Medical Ass	ociation Political Action Committee		
				Date Received ELECTRONICALLY FILED 05/06/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	IY; STATE; ZIP	00/00/2024
 -	ADDRESS	401 W. 15th St.		
		401 W. 1501 St.		
	Change of Address	Austin, TX 78701		
F				Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	
	NAME	Ms. Christine N.		Receipt # Amount
		NICKNAME LAST	SUFFIX	Date Processed
				Date Imaged
		Mojezati		Date imageu
6	CAMPAIGN		APT / SUITE #; CITY; ST/	ATE; ZIP CODE
ľ	TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	AP1730ITE#, CITT, 317	ATE, ZIP CODE
	STREET	401 W. 15th St.		
	ADDRESS (Residence or Business)			
	(,	Austin, TX 78701		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST.	ATE; ZIP CODE
	TREASURER MAILING	401 W. 15th St.		
	ADDRESS			
	Change of Address	Austin, TX 78701		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(512) 370-1361		
		(0) 0.0 _00_		
9	REPORT TYPE	X Monthly	☐ 10th day after campaign	Dissolution (Attach PAC-DR)
			L treasurer termination	Dissolution (Attach FAC-DR)
10	MONTHLY			
	REPORT FILING DEADLINE	January 5 April 5	July 5	October 5
	DEADEINE	February 5 X May 5	August 5	November 5
		March 5 June 5	September 5	December 5
11	PERIOD	Month Day Year	Month	Day Year
	COVERED	03/26/2024 THF	OUGH 04/25/2	
⊢				
		<u> </u>		
			PAGE 2	
Fo	rms provided by Tex	as Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.e4187d4a

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Medical Associat	ion Political Action Cor	nmittee	00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Hillary Hickland State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	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	\$	37.77
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	168,871.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	43,600.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	258,023.78
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Christin	e N. Mojezati	
		Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.e4187d4a

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 3 of 41
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
exas Medical Associatio	on Political Action Com	mittee		00015658	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Trey Wharton State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Brent hagenbach State	Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	 Officeholders Assisted 				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Gina Hinojosa State Re	presentative	
(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			
	haure of issue.)	B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

itical Action Com Candidates tify by name or, if cable, classify by party.) Measures cribe by date and ion of election and re of issue.) Officeholders Assisted tify by name or, if cable, classify by party.) Candidates tify by name or, if cable, classify by party.)	 A. Supported B. Opposed A. Supported B. Opposed A. Supported 		Phelan S	ate Represe		Filer ID 00015658	Page 4 (Ethics Commission	
Candidates tify by name or, if cable, classify by party.) Measures cribe by date and ion of election and re of issue.) Officeholders Assisted tify by name or, if cable, classify by party.) Candidates tify by name or, if	 A. Supported B. Opposed A. Supported B. Opposed A. Supported 		Phelan S	ate Represe		00015658		
tify by name or, if cable, classify by party.) Measures cribe by date and ion of election and re of issue.) Officeholders Assisted tify by name or, if cable, classify by party.) Candidates tify by name or, if	B. OpposedA. SupportedB. OpposedA. Supported		Phelan S	ate Represe	entative			
cribe by date and ion of election and re of issue.) Officeholders Assisted tify by name or, if cable, classify by party.) Candidates tify by name or, if	A. SupportedB. OpposedA. Supported							
cribe by date and ion of election and re of issue.) Officeholders Assisted tify by name or, if cable, classify by party.) Candidates tify by name or, if	B. Opposed A. Supported							
Assisted htify by name or, if cable, classify by party.) Candidates htify by name or, if	A. Supported							
Assisted htify by name or, if cable, classify by party.) Candidates htify by name or, if	A. Supported	1						
cable, classify by party.) Candidates ntify by name or, if	A. Supported	1						
tify by name or, if		1						
		Jarvis	Johnson	State Senat	or			
	B. Opposed							
Measures cribe by date and ion of election and re of issue.)	A. Supported							
	B. Opposed							
Officeholders								
Assisted ntify by name or, if cable, classify by party.)								
Candidates htify by name or, if cable, classify by party.)		Jeff Ba	auknight S	State Repres	sentative	;		
	B. Opposed							
Measures cribe by date and ion of election and re of issue.)	A. Supported							
	B. Opposed							
Officeholders Assisted http://www.ame.or.if								
	fy by name or, if able, classify by party.) Candidates ify by name or, if able, classify by party.) Aleasures ribe by date and or of election and of ssue.) Officeholders sssisted ify by name or, if	fy by name or, if able, classify by party.) A. Supported Candidates ify by name or, if able, classify by party.) A. Supported B. Opposed A. Supported Measures ribe by date and on of election and e of issue.) A. Supported B. Opposed B. Opposed Measures ribe by date and on of election and e of issue.) B. Opposed Difficeholders sssisted Sisted	fy by name or, if able, classify by party.) A. Supported Jeff Ba Candidates ify by name or, if able, classify by party.) A. Supported Jeff Ba B. Opposed B. Opposed Measures ribe by date and or of election and e of issue.) A. Supported B. Opposed B. Opposed Measures ribe by date and or of election and e of issue.) B. Opposed Difficeholders ussisted (by by name or, if B. Opposed	fy by name or, if able, classify by party.) A. Supported Jeff Bauknight S Candidates ify by name or, if able, classify by party.) A. Supported Jeff Bauknight S B. Opposed B. Opposed Measures ribe by date and or of election and e of issue.) A. Supported B. Opposed B. Opposed Øfficeholders ussisted fy by name or, if B. Opposed	fy by name or, if able, classify by party.) A. Supported Jeff Bauknight State Repress Candidates if y by name or, if able, classify by party.) A. Supported Jeff Bauknight State Repress B. Opposed B. Opposed Measures ribe by date and or of election and e of issue.) A. Supported B. Opposed B. Opposed Deficeholders ussisted B. Opposed	fy by name or, if able, classify by party.) A. Supported Jeff Bauknight State Representative for Bauknight State Representative As Supported Jeff Bauknight State Representative B. Opposed Measures ribe by date and on of election and e of issue.) A. Supported B. Opposed B. Opposed Deficeholders ussisted B. Opposed	fy by name or, if able, classify by party.) A. Supported Jeff Bauknight State Representative fy by name or, if able, classify by party.) B. Opposed Measures ribe by date and on of election and e of issue.) A. Supported B. Opposed B. Opposed B. Opposed B. Opposed	fy by name or, if able, classify by party.) A. Supported Jeff Bauknight State Representative fy by name or, if able, classify by party.) B. Opposed Reasures ribe by date and in of election and e of issue.) A. Supported B. Opposed B. Opposed B. Opposed B. Opposed

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 5 of 4
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers
exas Medical Associatio	on Political Action Com	nmittee		00015658	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Frederick Frazier State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Justin Holland State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dewayne Burns State R	epresentative	
(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.)				

MONTHLY FI	LING GPAC F	REPORT: PU	RPOSE		FORM MPAC ADDENDUM Page 6 of 41
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Associatio	n Political Action Con	nmittee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kuempel State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	 Officeholders Assisted (Identify by name or, if applicable, classify by party.) 				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

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17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)					
Texas Me	dical Association Political Action Committee	00015658						
	9 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
NAME OF	SCHEDULE		SUBTOTAL AMOUNT					
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$					
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 116,672.00					
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 28,966.71					
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION							
9.	9. SCHEDULE E: LOANS							
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 43,600.00					
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 I TO FILER	RETURNED	\$					

⊢				
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/28 Rpt: 8/41
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	04/01/2024	Akasapu, Karunakar	ļ	\$99.00
	l	6 Contributor address; City; State; Zip Code	1	1
	I	1		
	I			
Ļ	Drinsipal apou	Irving, TX 75038-6217		->
8	Principal occu Physician	ipation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	3)
╘	_			1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/28/2024	Arnold, David Thomas		\$99.00
	I	Contributor address; City; State; Zip Code		
	I	1		
	I	Dallas, TX 75205-3304		
\vdash	Dringing oog			
	Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Baylor Univ Medical Cer	
╘	_			1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/15/2024	Arya, Sushila		\$99.00
	I	Contributor address; City; State; Zip Code		
	I	1		
	I	Southlake, TX 76092-5908		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
	Physician		Precision IVF	3)
╞	_	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
	Date 04/08/2024	Full name of contributor out-of-state PAC (ID#: Ashley, Pamela K.)	Amount of Contribution (\$) \$99.00
	04/00/2024	-		φσσ.υς
	I	Contributor address; City; State; Zip Code		
	I	1		
	I	Austin, TX 78735-6386		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Texas Children's North	,
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	04/02/2024	Ayala, Jane Barbosa	/	\$150.00
	041021202-1	Contributor address; City; State; Zip Code		
	I	Contributor address, City, State, Lip Code		
	l	1		
	I	San Antonio, TX 78255-3311		
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	Physician	,	Rheumatology Associate	
┝		/		

The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/28 Rpt: 9/41
2 FILER NAI	ME		3 Filer ID (Ethics Commission Filers)
	edical Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
04/17/202	24 Bailey, Susan Rudd		\$250.00
	6 Contributor address; City; State; Zip Code		
	Benbrook, TX 76132-1066		
-	ccupation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		Fort Worth Allergy & As	sthma Associates
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
03/26/202	24 Baine, Ralph F.		\$99.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76135-1013		
-	ccupation / Job title (See Instructions)	Employer (See Instructions	
Physician		Emergency Medicine C	onsultants, Ltd.
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
03/29/202	24 Belitsos, Theodore G.		\$1,000.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232-2803		
	ccupation / Job title (See Instructions)	Employer (See Instructions	
Physician	·	Tejas Anesthesia, PLLC	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
04/15/202	24 Benjamin, Benson Bethel		\$33.00
	Contributor address; City; State; Zip Code		
	Garland, TX 75043-1864		
-	ccupation / Job title (See Instructions)	Employer (See Instructions	
Physician		American Radiology As	sociates, PA
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
04/15/202	24 Bishop, Clayton		\$16.50
	Contributor address; City; State; Zip Code		1
	Harlingen, TX 78552-0134		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	s)
Physician	1	Ear Nose & Throat Asso	ociates of Corpus Christi

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/28 Rpt: 10/41	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/02/2024	Bordelon, James H.			\$55.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76123-2155			
-	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/2024	Bourgeois, Keith A.			\$250.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77005-3931			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	·)	
Physician		Downtown Eye Associat	ies	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/18/2024	Brannon, Timothy Scott		· · · · · · · · · · · · · · · · · · ·	\$99.00
-	Contributor address; City; State; Zip Code			·
	Dallas, TX 75238-1845			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Physician		UT Southwestern Medica	al Center	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/21/2024	Brindley, George West			\$300.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79416-4715			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	·)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2024	Broughton, Nicholas A.			\$99.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76137-2707			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Physician		Self Employed		
-				

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 4/28 Rpt: 11/41	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Medic	cal Association Political Action Committee			00015658	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/28/2024	Brown, Amy			· · ·	\$55.00
		6 Contributor address; City; State; Zip Code		·		
		Fort Worth, TX 76116-4613	-			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Business Ov	vner	Business Owner			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/11/2024	Brown, Raymond C.				\$99.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76116-4613	1	ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Self Employed	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/08/2024	Brykerwood Skin & Vein Center				\$99.00
		Contributor address; City; State; Zip Code		1		
		Austin TV 70721 6406				
	Dringinal agou	Austin, TX 78731-6406		<u> </u>		
	Principal Occu	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
			<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#00.00
	04/01/2024	Bunting, Haley				\$99.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759-7310				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Physician		Austin Plastic & Recons		ctive Surgery	
╞	Date	Full name of contributor out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
	04/17/2024	Buzombo, Prince	/			\$99.00
	04/11/202.	Contributor address; City; State; Zip Code				Ψ00.00
		Continuation address, City, State, Zip Code				
		Pearland, TX 77584-7347				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		Self Employed			
\vdash						

The Ins	truction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 5/28 Rpt: 12/41	
2 FILER NA	ME		3 Filer ID (Ethics Commission	Filers)
Texas M	edical Association Political Action Committee		00015658	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/05/20	24 Cade, Aaron M.			\$99.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75024-7397	I		
	occupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Physicia		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/20				\$208.34
	Contributor address; City; State; Zip Code			
	MaAllan TV 70E01 2725			
Drincipal	McAllen, TX 78501-3735	Employer (See Instructions	<u></u>	
Physicial		South Texas Gastroente		
_				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀሳሳ ሳሳ
04/19/20				\$99.00
	Contributor address; City; State; Zip Code			
	Laredo, TX 78045-8330			
Principal of	pecupation / Job title (See Instructions)	Employer (See Instructions	s)	
Physicia	1	Laredo Minor Emergeno	cy Clinic, PA	
Date	Full name of contributor out-of-state PAC (ID#:,)	Amount of Contribution (\$)	
04/15/20	24 Chaku, Akshay			\$33.34
	Contributor address; City; State; Zip Code			
	Houston, TX 77004-6846			
-	occupation / Job title (See Instructions)	Employer (See Instructions		
Physicia	1	UTMSH - Dept of Anest	thesiology	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/15/20	24 Chike-Obi, Chuma J.			\$16.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78704-2038			
Principal	Ausuri, 1X 76704-2036 accupation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physicial		Self Employed	5)	
T Try Croix	·			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/28 Rpt: 13/41	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	7 Amount of Contribution (\$)	
04/17/2024	Chun, Christopher Sung Jin			\$177.09
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75244-7446			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	•	
Physician		Epic Pain and Orthopedi	ics	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
04/24/2024	Ciarochi, Fred F.			\$100.00
	Contributor address; City; State; Zip Code			
	Duncanville, TX 75138-2758			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	.)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#	±:)	Amount of Contribution (\$)	
04/20/2024	Cone, Howell Anson			\$99.00
	Contributor address; City; State; Zip Code			
	Fredericksburg, TX 78624-4114			
·	ipation / Job title (See Instructions)	Employer (See Instructions))	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
03/26/2024	Coopwood, Joseph B.			\$99.00
	Contributor address; City; State; Zip Code			
	Bryan, TX 77802-1478			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)))	
Physician		Surgicalist of TX PLLC		
Date	Full name of contributor out-of-state PAC (ID#	±:)	Amount of Contribution (\$)	
04/19/2024	Cordell, Davin D.			\$300.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411-1515			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	(i)	
Physician		The Orthopaedic Center	of Corpus Christi	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/28 Rpt: 14/41	
2	FILER NAME		ļ	3	Filer ID (Ethics Commission	ı Filers)
		cal Association Political Action Committee	1		00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/15/2024		!			\$33.00
	,	6 Contributor address; City; State; Zip Code		1		!
	,	1	1			!
	,	1	1			!
	i	Conroe, TX 77384-1553	·!			
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	s)		I
L	Physician		George M. Davis, MD	_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/25/2024					\$99.00
	,	Contributor address; City; State; Zip Code	!			!
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	,	0 - W TV 70000 00E0	1			
┝		Collinsville, TX 76233-0650		ŕ		
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		I
L				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	500.00
	03/29/2024	Dent, Daniel Lawrence	!			\$99.00
	,	Contributor address; City; State; Zip Code	!			
	,	1	1			
	,	San Antonio, TX 78230-2765	1			
\vdash	Princinal OCCL	upation / Job title (See Instructions)	Employer (See Instructions	د) ال		
	Physician		UT Health San Antonio	り		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#: Dossett, Lucy McCauley				\$16.50
	04/10/2027		!	-		Φ10.00
	,	Contributor address; City; State; Zip Code	1			
	,	1	1			
	,	Roanoke, TX 76262-0619	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> 3)		
	Physician	,	Self Employed	-		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/15/2024	Escobedo, Diana				\$16.50
	,	Contributor address; City; State; Zip Code		1		
	,		1			
	,	1	1			
1_		El Paso, TX 79936-3390				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Physician	,	Diana Escobedo MD PA	4		
1						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/28 Rpt: 15/41	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
Texas Medic	cal Association Political Action Committee		00015658	
4 Date 04/12/2024	5 Full name of contributor out-of-state PAC (ID#: Espy, Paul Goodman)	7 Amount of Contribution (\$) \$50	
04/12/2024			ψυυ	1.00
	6 Contributor address; City; State; Zip Code			
	Woodway, TX 76712-8537			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Baylor Scott & White-Wa	aco Hillcrest	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/15/2024	Evans, Carolyn A.		\$16	3.50
	Contributor address; City; State; Zip Code		1	
	Dellas TV 75207 4011			
Drincinal occu	Dallas, TX 75287-4911 upation / Job title (See Instructions)	Employer (See Instructions		
Physician		North Dallas Pediatric A		
-				
Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$99	
04/23/2024	Fiore, Nicholas A.			9.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401-2815			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Physician		Fiore Hand & Wrist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/15/2024	Flippin, Mindee Suzann		\$33	3.00
	Contributor address; City; State; Zip Code		1	
Principal occu	Frisco, TX 75035-5755 upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Self Employed)	
_	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
Date 04/17/2024	Full name of contributor out-of-state PAC (ID#: Floyd, Gary W.)	Amount of Contribution (\$) \$625	: 00
041112024	Contributor address; City; State; Zip Code		ψυ <u>τ</u> υ).00
	Continuation address, City, State, Zip Code			
	Corpus Christi, TX 78418-6301			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Self Employed		

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/28 Rpt: 16/41
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/25/2024	Foster, Robert A.		\$300.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78731-1244		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		Texas Orthopedics, Spo	orts and Rehabilitation Assoc
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/02/2024	Gagnon, Dominique		\$99.00
	Contributor address; City; State; Zip Code		
	Littlefield, TX 79339-4516		
	pation / Job title (See Instructions)	Employer (See Instructions	,
Physician		Lamb Healthcare Center	r
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/17/2024	Garrigos, Socrates A.		\$99.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78502-4572		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Physician		Self Employed	
-			Amount of Contribution (#)
Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$16.50
04/15/2024	Garza, Carmen T.		\$10.50
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78229-4733		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Physician		Alamo Heights Pediatric	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
04/15/2024	Gasper, Stephen G.	/	\$33.00
0-1,20,202	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Carrollton, TX 75010-4901		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions) ;)
Physician	· · ·	Self Employed	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/28 Rpt: 17/41
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	04/09/2024	Gill, George Keith		\$99.00
	ļ	6 Contributor address; City; State; Zip Code		
	ļ			
	ļ			
	ļ	Fort Worth, TX 76179-9161	I	
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Physician		Self Employed	
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	04/17/2024	Gilmer, William S.	,	\$212.50
	0-, 1, 202			. ·
	ļ	Contributor address; City; State; Zip Code	I	
	ļ			
	ļ	Houston, TX 77005-2613	I	
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>
	Physician		William S. Gilmer, MD, F	,
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		1
	Date 04/23/2024		J	Amount of Contribution (\$) \$100.00
	04/23/2024	Glass, Thomas Franklin		φτου.υσ
	ļ	Contributor address; City; State; Zip Code	I	
	ļ			
	ļ	Dallas, TX 75225-1924	I	
<u> </u>	Drincinal OCCI	upation / Job title (See Instructions)	Employer (See Instructions	-\
	Physician	אווטוו / שט נווע (שע וושויטטוטיש)	Self Employed	5)
╘	-			T
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/15/2024	Gray, Blanca Lucia		\$16.50
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ		I	
		Corpus Christi, TX 78418-7600	-	
		upation / Job title (See Instructions)	Employer (See Instructions	
L	Physician		Cano Health-Corpus Ch	nristi
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/01/2024	Hadley, Lesca C.	I	\$25.00
	ļ	Contributor address; City; State; Zip Code		
	ł		I	
	1		I	
	ļ	Cleburne, TX 76033-8329	I	
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Acclaim Physician Grou	
⊢	-		-	<u> </u>

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/28 Rpt: 18/41	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rc)
	cal Association Political Action Committee		00015658	. 3)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/23/2024	Haley, John Marshall		\$30	00.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75214-1933			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Garland Eye Associates	;, PA	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/26/2024	Hartman, Israel A.		\$	99.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75225-4521	<u> </u>		
	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/03/2024	Haynes, John H.		\$9	99.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76110-3417			
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physician		Acclaim Physician Grou	·	
-				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	00 00
04/21/2024	Haynes, Katherine Anne		φ; •	99.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712-2208			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		AMG Providence Wome		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
04/17/2024	Henkes, David Norman	/		25.00
0 11 1 1 1 1 1	Contributor address; City; State; Zip Code			20101
	Contributor address, City, State, Zip Code			
	San Antonio, TX 78209-2221			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
Physician		Pathology Reference La	aboratory, LLC	

The Instruction Guide explains how to complete this form. PILER NAME Texas Medical Association Political Action Committee Date 04/17/2024 Full name of contributor 04/17/2024 Contributor address; City; State; Zip Code Waco, TX 76712-7565 Principal occupation / Job title (See Instructions)	1 Total pages Schedule A1: Sch: 12/28 Rpt: 19/41 3 Filer ID (Ethics Commission Filers) 00015658) 7 Amount of Contribution (\$) \$208.3
Texas Medical Association Political Action Committee Date 5 Full name of contributor out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers) 00015658) 7 Amount of Contribution (\$)
Texas Medical Association Political Action Committee Date 5 Full name of contributor out-of-state PAC (ID#:	00015658) 7 Amount of Contribution (\$)
04/17/2024 Holland, Bradford W. 6 Contributor address; City; State; Zip Code Waco, TX 76712-7565	
6 Contributor address; City; State; Zip Code Waco, TX 76712-7565	\$208.3
Waco, TX 76712-7565	
Waco, TX 76712-7565	
Principal occupation / Job title (See Instructions) 9 Empl	
	oyer (See Instructions)
Physician Self	Employed
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/08/2024 Holsomback, Thomas N.	\$99.0
Contributor address; City; State; Zip Code	
Postown TV 77520 5760	
Baytown, TX 77520-5768	
	oyer (See Instructions) nas N. Holsomback, MD, PA
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$)
04/23/2024 Houck, Michael W.	\$99.0
Contributor address; City; State; Zip Code	
Fort Worth, TX 76179-6635	
	oyer (See Instructions)
	Employed
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/17/2024 Humphreys, James Loyd	\$208.3
Contributor address; City; State; Zip Code	
Helotes, TX 78023-4492	
	oyer (See Instructions)
Physician Prec	ision Pathology
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/17/2024 Isaacson, Terah C.	\$177.0
Contributor address; City; State; Zip Code	
I	
Houston, TX 77009-7753	
Principal occupation / Job title (See Instructions) Empl	oyer (See Instructions) ou City Surgical Specialists, PLLC

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The Instru	iction Guide explains how to complete this f	orm.	Sch: 13/28 Rpt: 20/41	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Medio	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:))	7 Amount of Contribution (\$)	
04/20/2024	Islam, David M.		\$3	300.00
	6 Contributor address; City; State; Zip Code			
	Tyler, TX 75703-5709			
B Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Physician		CHRISTUS Trinity Clinic	c - Anesthesia	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/15/2024	Jacobson, Leah Hanselka		5	\$16.50
	Contributor address; City; State; Zip Code			
D is simplified	San Antonio, TX 78209-3302		、 、	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Personal Pediatrics by L		
			1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	**** ***
04/09/2024	Jenkins, Kalan H.			\$99.00
	Contributor address; City; State; Zip Code			
	Salado, TX 76571-2205			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Baylor Scott & White He	ealth-Central Texas	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/27/2024	Jennings, Adam R.			\$99.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76110-6612			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Harris Methodist Select		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
04/21/2024	· · · · · · · · · · · · · · · · · · ·			\$99.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109-3100			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	2)	
Physician		USMD	<i>)</i>	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/28 Rpt: 21/41	
Ļ				Ļ	-	
Z	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission F 00015658	Filers)
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/17/2024	Jumper, Cynthia Ann				\$208.34
		6 Contributor address; City; State; Zip Code		·		
		Lubbock, TX 79424-5001				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician		Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/17/2024	Kimbrough, Thomas Duke				\$937.50
		Contributor address; City; State; Zip Code		ŀ		
		Galveston, TX 77550-7839				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Self Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	04/19/2024	Korpon, Jonathan Ryan				\$40.00
		Contributor address; City; State; Zip Code		ŀ		
		Dallas, TX 75209-7323				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		UT Southwestern Medic	cal	Center/Parkland Health Res	
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Ι	Amount of Contribution (\$)	
	03/27/2024	Krause, Ira				\$99.00
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77055-6719				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Precision Urology			
F	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	04/12/2024	LaBarbera, Philip T.				\$99.00
		Contributor address; City; State; Zip Code		1		
		Nacogdoches, TX 75965-4894				
Γ		ipation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Nacogdoches Area Phy	/sic	ans Association, PLLC	

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	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/28 Rpt: 22/41	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		cal Association Political Action Cor	mmittee		-	00015658	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/26/2024	Le, Tri Hoai					\$40.00
	l	6 Contributor address; City; State; 2	Zip Code	1	1		
	I						
Ļ	Dringing oog	Houston, TX 77083-5362	I_	C Employer (See Instruction			
ð	Principal occu Physician	pation / Job title (See Instructions)	3	9 Employer (See Instructions Self Employed	5)		
╘	-				—		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>↑75 00</u>
	04/17/2024	Lee, Chevy Chu		!			\$75.00
	I	Contributor address; City; State; 2	Zip Code				
	I						
		McAllen, TX 78501-1106					
┝	Principal occu	Ipation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Physician			Self Employed	<i></i> ,,		
╞	-				—	Amount of Contribution (\$)	
	Date 04/17/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	04/1//2024		7'- Ocda		-		Φ20.00
	I	Contributor address; City; State; 2	Zip Code				
	I						
	l	Dallas, TX 75230-2360					
⊢	Principal occu	I upation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Physician			Lone Star Pediatrics			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/16/2024	Liu, Kevin X.				• •	\$99.00
	I	Contributor address; City; State; 2	Zip Code		ł		
	I		F				
	I						
$ _{}$		Dallas, TX 75225-8217					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician			American Radiology Ass	soc	ziates	
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/02/2024	Lopez, Jerome Earl					\$99.00
		Contributor address; City; State; 2	Zip Code		1		
	I						
	I						
		Sherman, TX 75092-7663					
Γ		ipation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Texoma Neurology Asso	oci	ates, PA	
Γ							

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/28 Rpt: 23/41	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		al Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/15/2024	Luna, Rene I.				\$99.00
		6 Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539-0054				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician		Luna Obgyn			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/03/2024	Martinez, Marte A.				\$50.00
		Contributor address; City; State; Zip Code		1		
		Laredo, TX 78045-8956				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Marte a Martinez MD, P	PLL(
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	03/26/2024	Martinez, Ricardo Javier				\$99.00
		Contributor address; City; State; Zip Code		1		
		Irving, TX 75063-5510				
	-	pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Always Best Care Medio	cal	Center, PA	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/17/2024	Masters, Patrick Allen				\$250.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78230-5856				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Gastroenterology Const	ulta	nts of San Antonio-Medica	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/26/2024	Mathews, Sunil				\$99.00
		Contributor address; City; State; Zip Code]		
		Irving, TX 75063-5519				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		North Texas Neuroscier	nce	& Sleep Center PA	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/28 Rpt: 24/41	
2 FILER NAME Texas Medic	cal Association Political Action Committee		3 Filer ID (Ethics Commission 00015658	Filers)
Date 03/29/2024	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$40.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75206-6774	- Early or (See Instructions	<u>,</u>	
Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions Baylor Scott & White He	ealth - Dallas Residents	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/23/2024	Meyer, Barry Dale			\$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-4014			
Principal OCCU	pation / Job title (See Instructions)	Employer (See Instructions		
Principal occu Physician	pation / Job litle (See instructions)		sultants of Dallas ACD Divisi	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/2024	Monday, Kimberly E.			\$208.34
	Contributor address; City; State; Zip Code			
	Houston, TX 77005-3318			
			<u></u>	
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions UTMSH - Dept of Neuro	·	
			·	\$300.00
Physician Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)		logy	\$300.00
Physician Date 04/23/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Moss, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78239-1604	UTMSH - Dept of Neuro	Amount of Contribution (\$)	\$300.00
Physician Date 04/23/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Moss, Jesse Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$300.00
Physician Date 04/23/2024 Principal occu	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Moss, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78239-1604	UTMSH - Dept of Neuro) Employer (See Instructions Jesse Moss Jr., MD, FA	Amount of Contribution (\$)	\$300.00
Physician Date 04/23/2024 Principal occu Physician Date 03/29/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Moss, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78239-1604 San Antonio, TX 78239-1604 pation / Job title (See Instructions) out-of-state PAC (ID#:_ Full name of contributor out-of-state PAC (ID#:_ Moulin, Victor G. Contributor address; City; State; Zip Code Houston, TX 77059-1410 Houston, TX 77059-1410	UTMSH - Dept of Neuro) Employer (See Instructions Jesse Moss Jr., MD, FA	Amount of Contribution (\$) Amount of Contribution (\$) CS, P. A Amount of Contribution (\$)	
Physician Date 04/23/2024 Principal occu Physician Date 03/29/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Moss, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78239-1604 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Moulin, Victor G. Contributor address; City; State; Zip Code	UTMSH - Dept of Neuro) Employer (See Instructions Jesse Moss Jr., MD, FA	Amount of Contribution (\$) Amount of Contribution (\$) CS, P. A Amount of Contribution (\$)	

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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/28 Rpt: 25/41	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Medic	cal Association Political Action Committee		00015658	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/19/2024	Myung, Chang Ryul			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Brownsville, TX 78520-0213			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Valley Regional Medical	-	
Date)	Amount of Contribution (\$)	
04/15/2024				\$16.50
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76110-2615			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> م)	
Physician		Arlington Emergency Me		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
04/17/2024	Norrell, Stacy L.	/		\$83.34
•	Contributor address; City; State; Zip Code			400 .2
	Magnolia, TX 77355-1836			
-	ipation / Job title (See Instructions)	Employer (See Instructions		
Physician		UTMSH - Dept of Anest	thesiology	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/26/2024	Olascoaga-Castro, Jose Enrique			\$99.00
	Contributor address; City; State; Zip Code		1	
Drizzinal acqu	Dallas, TX 75204-5625			
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Baylor Scott & White He		
			1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	#200.24
04/17/2024	Pearse, Lee Ann			\$208.34
	Contributor address; City; State; Zip Code			
	Dallas, TX 75244-7703			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician		Pediatrix Medical Group		

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 19/28 Rpt: 26/41	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		cal Association Political Action Committee		Ĺ	00015658	
4	Date	5 Full name of contributor Out-of-state PAC (ID#		7	Amount of Contribution (\$)	
	03/31/2024	Pillarisetty, Leela Sharath				\$99.00
	1	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Odessa, TX 79765-5058				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	<u>5</u>)		
	Physician		Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	04/17/2024	Poindexter, David P.				\$25.00
	I			•		
	I					
	ļ					
	I	Humble, TX 77347-0876				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Physician		David P. Poindexter, MD			
╞	Date	Full name of contributor Out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	04/17/2024	Ponce Herrera, Franklin Daniel	,		, and an a contraction (\$99.00
	0			ł		TO
	I					
	l					
	l	Mission, TX 78572-2035				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Physician		William Restrepo, MD P			
╞	Date	Full name of contributor Out-of-state PAC (ID#			Amount of Contribution (\$)	
	Dale 04/16/2024	Full name of contributor Out-of-state PAC (ID# Psychiatric Consulting Services, PA	:/			\$99.00
	04/10/2024					499.00
	I	Contributor address; City; State; Zip Code				
	I					
	l	Corpus Christi, TX 78405-1873				
┝	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	\sum_{n}		
	Ρπιτιμαί στου			5)		
╞	D -+>			—	1	
	Date	Full name of contributor Out-of-state PAC (ID# Race, Elizabeth M R	:)		Amount of Contribution (\$)	ቀባር በር
	03/28/2024					\$99.00
	l	Contributor address; City; State; Zip Code				
	I					
	I	Dallas TV 75205 2025				
\vdash	Driveinel ecou	Dallas, TX 75205-2925				
		ipation / Job title (See Instructions)	Employer (See Instructions)		_1	
	Physician		Medical City Dallas Hos	ipite	<u>الا</u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/28 Rpt: 27/41	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Texas Medic	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/04/2024	Raju, Malathi Chamarthi		\$9	99.00
	6 Contributor address; City; State; Zip Code			
2 Dringing ago	Cleburne, TX 76033-5911		、 、	
	ipation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/26/2024			৯ ৮	99.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022-7891			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physician		Lone Star Arthritis & Rh		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	~~ ~~
03/27/2024	Rezaie, Morvarid			99.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76132-4537			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		The Center for Cancer a		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/08/2024	Richeh, Chadi			99.00
	Contributor address; City; State; Zip Code			
	······································			
	San Angelo, TX 76903-5919			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/26/2024	Robertson, Anne		\$5	55.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75701-2910			
	pation / Job title (See Instructions)	Employer (See Instructions	;) ;)	
Business Ov	vner	Business Owner		

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 21/28 Rpt: 28/41
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Medic	cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
	04/17/2024	Robinson, Eldon Stevens		\$208.34
		6 Contributor address; City; State; Zip Code		
		Lubbock, TX 79493-6685		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	IS)
	Physician		Self Employed	
	Date		#:)	Amount of Contribution (\$)
	04/25/2024	Roman, Mary Anne		\$55.00
		Contributor address; City; State; Zip Code		
		San Antonia TY 78210-1733		
⊢	Drincinal occu	San Antonio, TX 78240-1733 upation / Job title (See Instructions)	Employer (See Instructions	
	Business Ov	,	Business Owner	(5)
╞				Amount of Contribution (\$)
	Date 04/20/2024	Full name of contributor out-of-state PAC (ID# Rutledge, Brian Patrick	÷)	Amount of Contribution (\$) \$99.00
	0412012024			φυυ.υυ
		Contributor address; City; State; Zip Code		
		McAllen, TX 78504-2034		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ls)
	Physician		Texas Digestive Specia	alists PA
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	04/10/2024	Saghir, Iqra		\$99.00
		Contributor address; City; State; Zip Code		
		Cypress, TX 77429-4583		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Houston Inpatient Physi	
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	03/28/2024	Samuel, Sandeep Thomas		\$99.00
		Contributor address; City; State; Zip Code		
		Harlingon TV 70550_2227		
\vdash	Dringing occ	Harlingen, TX 78550-3227	Employer (See Instruction	
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Texas Digestive Specia	
	FilySician		TEXAS DIGESTIVE OPECIA	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 22/28 Rpt: 29/41	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	ilers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/27/2024	San Martin, Jose Eduardo			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Spring, TX 77389-4890			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/24/2024	Schettler, Heinrich G.			\$99.00
			•	
	Kingwood, TX 77339-2433			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Self Employed	<i>'</i>	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/27/2024)		\$99.00
03/21/2024	Shah, Anjali N.			⊅ 99.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214-3422			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Physician		UT Southwestern Medic		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of Contribution (\$)	
04/09/2024)		\$99.00
04/05/2024	Shannon, Gregory L.			⊅ 99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77021-1235			
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions		
	Ipation / Job line (See instructions)	Employer (See Instructions Gastroenterology Assoc		
Physician	·	Gastroenterology Assoc		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/22/2024	Sharma, Meenu			\$99.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76126-6106			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician		Self Employed		
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 23/28 Rpt: 30/41	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	04/22/2024	Sharma, Naginder	,			\$99.00
	1	6 Contributor address; City; State; Zip Code		"		
	I	1	,			
		Fort Worth, TX 76126-6106	,			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	L s)		
	Physician		North Texas Heart & Va		ular	
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	Dale 04/24/2024	Full name of contributor Out-of-state PAC (ID#: Shaw, Kelvin S.)			\$300.00
	04/24/2024					Φουυ.υυ
	I	Contributor address; City; State; Zip Code	,			
	I	1	,			
	l	Kingwood, TX 77345-1919	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		Allergy & ENT Associate	es		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	04/25/2024	Shelton, Joseph H.			• •	\$300.00
	I	Contributor address; City; State; Zip Code		·		
	I		,			
	I	1	,			
		Fort Worth, TX 76116-8131				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Digestive Health Associa	iate	s of Texas, PA DHAT	
F	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	03/26/2024	Singh, Manmeet	,			\$99.00
		Contributor address; City; State; Zip Code				
	I	1	,			
	I	1	,			
		Sugar Land, TX 77479-5663				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Houston Methodist Suga	jar I	_and Hospital-Rcving	
F	Date	Full name of contributor out-of-state PAC (ID#:	······)	T	Amount of Contribution (\$)	
	04/23/2024	Sra, Karan P. K.	,			\$2,500.00
	I	Contributor address; City; State; Zip Code		"		
	I	1	,			
	l	1	,			
		Houston, TX 77007-7008				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Bayou City Dermatology	у		
┢				y		

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 24/28 Rpt: 31/41
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
	03/27/2024	Strain, Shawn M.		\$99.00
		6 Contributor address; City; State; Zip Code		•
		Fort Worth, TX 76116-8436		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	
	Physician		Acclaim Physician Grou	p
	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	04/15/2024	Strobel, Gennell DeAn		\$16.50
		Contributor address; City; State; Zip Code		
	Dringing oog	Sherman, TX 75090-5000	Employer (Coo Instructions	
	Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions G. Dean Strobel, MD PA	
╘	-			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	04/20/2024	Studey, Curtis L.		\$300.00
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76109-2555		
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions) 5)
	Physician	•	Self Employed	·
╞	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	03/27/2024	Tavarez, Roman Erik		\$99.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78503-1216		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Self Employed	
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	04/15/2024	Thompson, Jeffrey B.		\$33.00
		Contributor address; City; State; Zip Code		
	<u> </u>	Beaumont, TX 77704-1591		-
		ipation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Baptist Hospital of South	heast lexas inc

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The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 25/28 Rpt: 32/41	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
	- ical Association Political Action Committee		00015658	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/26/2024				\$99.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78410-5672			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Physician		Centric Physicians Grou	ıp	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/17/2024	Torres, Elizabeth			\$75.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479-2105			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Physician		Premier Internal Medicin	ie Assoc PA	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/26/2024			.,	\$99.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424-7358			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	3)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/15/2024			, unounce:	\$99.00
• =	Contributor address; City; State; Zip Code			T * -
	Houston, TX 77024-5451			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	L;)	
Physician		Self Employed	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/03/2024		/		\$2,500.00
				Ψ2,000.02
	Contributor address; City; State; Zip Code			
	El Paso, TX 79912-6303			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
Physician		Intellimedicine PA	y	

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 26/28 Rpt: 33/41	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/16/2024	Viere, Jane Marion		\$	55.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75225-3759			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Business Ov	wner	Business Owner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/2024	—		\$62	25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78253-6283			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician		CentroMed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/2024				08.34
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78541-4651			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/27/2024	Warshauer, Jeremy T.		\$	99.00
	Contributor address; City; State; Zip Code			
	Burlingame, CA 94010-3325			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/2024	Williams, Paul Brian		\$2	25.00
	Contributor address; City; State; Zip Code			
	Longview, TX 75605-7706			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Texas Urology Specialis	sts - Longview	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/28 Rpt: 34/41
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Medic	cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	04/02/2024	Wilson, Diana E.		\$99.00
		6 Contributor address; City; State; Zip Code		1
			I	
		Fort Worth, TX 76107-4309		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	
	Physician		Neurosurgical Spine Co	onsultants
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/29/2024	Wu, Kenneth Qian	l	\$99.00
		Contributor address; City; State; Zip Code		1
			I	
			I	
		Bellaire, TX 77401-2803		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Physician		Procura Pain & Spine	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/26/2024	Xu, Shin		\$99.00
		Contributor address; City; State; Zip Code		1
			I	
		Livingston, TX 77351-9444	1	
		ipation / Job title (See Instructions)	Employer (See Instructions	,
	Physician		CHI St. Luke's Health - I	Memorial Livingston
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/17/2024	Young, Rodney B.		\$75.00
		Contributor address; City; State; Zip Code		
			l	
		Amorillo TV 70124 2004		
	Dringing oog	Amarillo, TX 79124-3904		
	Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Texas Tech Univ Family	
╘				
	Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
	04/17/2024	Yusoof, Syed Ather		\$250.00
		Contributor address; City; State; Zip Code	l	
			l	
		El Paso, TX 79912-6437	I	
\vdash	Dringingl occu		Employer (See Instruction)	~\
	Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Panacea Clinic	3)
	Physician			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 28/28 Rpt: 35/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Medical Association Political Action Committee 00015658 4 5 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 04/01/2024 \$99.00 Zafar, Shoaib 6 Contributor address; City; State; Zip Code Richardson, TX 75082-4133 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Employed Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2024 \$100.00 Ziegler, Daniel W. Contributor address; City; State; Zip Code Aledo, TX 76008-5209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Acclaim Physician Group

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instrue	cti	on Guide explains how to complete this form.	ins how to complete this form. 1 Total pages Sch: 1/1 Rp		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Medic	al	Association Political Action Committee		00015658	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	03/26/2024		Cardiovascular Consultants of Houston PLLC			99.00
	Date		Corporation / Labor Organization name		Amount (\$)	
	04/25/2024		Janna Hartman, MD, PLLC			99.00
	Date		Corporation / Labor Organization name	1	Amount (\$)	
	04/25/2024		National Fertility Center of Texas			99.00
	Date		Corporation / Labor Organization name		Amount (\$)	
	04/03/2024		U.S. Anesthesia Partners of Texas PA			48,250.00
	Date		Corporation / Labor Organization name		Amount (\$)	
	04/03/2024		USAP- Dallas			68,125.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instrue	cti	on Guide explains how to complete this form.	1 Total pages Schedule C4: Sch: 1/1 Rpt: 37/41			
2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Texas Medic	al	Association Political Action Committee		00015658		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	04/22/2024		Texas Medical Association			28,966.71	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

Sch: 1/4 Rpt: 38/41

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees Food/Beverage Expense Polling Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Payee name

4 Date	5 Payee name	
04/17/2024	Brent Hagenbach Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$15,000.00	2800 Shoreline Dr #310	
Expenditure from		
corporate funds	Denton, TX 76210	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
	Brent Hagenbach, STATE SENATE 30th TX	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/17/2024	Dade Phelan Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$15,000.00	P.O. Box 5990	
Expenditure from		
corporate funds	Austin, TX 78763	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
	Dade Phelan, STATE HOUSE 21st TX	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
04/02/2024	DeWayne Burns for State Representative	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	703 Stonelake Drive	
Expenditure from		
corporate funds	Cleburne, TX 76033	
PURPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description (contributions/Donations Made By 	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
	DeWayne Burns, STATE HOUSE 58th TX	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Forms provided by Texas E	thics Commission www.ethics.state.tx.us Version V4.1.0.e4187d4a	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District GitfuAwards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 2/4 Rpt: 39/41	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
04/02/2024	Frazier for Texas		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	4100 Eldorado Pkwy, Ste. 100		
Expenditure from corporate funds	McKinney, TX 75070		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee Frederick Frazier, STATE HOUSE 61st TX		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/17/2024	Gina Hinojosa Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	2120 S. Lamar		
Expenditure from corporate funds	Austin, TX 78704		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Gina Hinojosa, STATE HOUSE 49th TX		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/24/2024	Hillary Hickland Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	6318 Brayson Oaks Ct.		
Expenditure from corporate funds	Belton, TX 76513		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Hillary Hickland, STATE HOUSE 55th TX		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 3/4 Rpt: 40/41	Texas Medical Association Political Action Committee00015658		
4 Date	5 Payee name		
04/02/2024	Jarvis for Texas		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	PO Box 16600		
Expenditure from corporate funds	Houston, TX 77222		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee Jarvis Johnson, STATE SENATE 15th TX		
	Jaivis Johnson, STATE SENATE ISUTTA		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/02/2024	Jeff Bauknight Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 4122		
Expenditure from corporate funds	Victoria, TX 77903		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jeff Bauknight, STATE HOUSE 30th TX 		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held			
Date	Payee name		
04/02/2024	John Kuempel Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	902 E. College Street		
Expenditure from corporate funds	Seguin, TX 78155		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee John Kuempel, STATE HOUSE 44th TX		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 41/41	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
04/02/2024	Justin Holland Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3021 Ridge Rd. Ste. A, Box 79
Expenditure from corporate funds	Rockwall, TX 75032
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Justin Holland, STATE HOUSE 33rd TX
	Justin Holiand, STATE HOUSE SSIG TA
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2024	Texas Medical Association Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$3,100.00	401 W. 15th Street
Expenditure from corporate funds	Austin, TX 78701
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2024 TMAF Gala Table Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/17/2024	Trey Wharton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 1242
Expenditure from corporate funds	Huntsville, TX 77342
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Trey Wharton, STATE HOUSE 12th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held