



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 37.77
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 168,871.06
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 43,600.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 258,023.78
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

\_\_\_\_\_  
Ms. Christine N. Mojezati  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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FORM **MPAC**  
ADDENDUM

Page 3 of 41

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 4 of 41

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 5 of 41

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

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

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 6 of 41

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Medical Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015658
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,232.35
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 116,672.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 28,966.71
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 43,600.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/28 Rpt: 8/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akasapu, Karunakar	7 Amount of Contribution (\$)  \$99.00
	6 Contributor address; City; State; Zip Code  Irving, TX 75038-6217	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, David Thomas	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205-3304	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Univ Medical Center
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arya, Sushila	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Southlake, TX 76092-5908	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision IVF
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Pamela K.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Austin, TX 78735-6386	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Children's North Austin
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayala, Jane Barbosa	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78255-3311	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rheumatology Associates of South Texas



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/28 Rpt: 9/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Susan Rudd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Benbrook, TX 76132-1066	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Fort Worth Allergy & Asthma Associates
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baine, Ralph F. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76135-1013	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belitsos, Theodore G. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232-2803	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tejas Anesthesia, PLLC
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benjamin, Benson Bethel <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-1864	Amount of Contribution (\$)  \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) American Radiology Associates, PA
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bishop, Clayton <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552-0134	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/28 Rpt: 10/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bordelon, James H. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76123-2155	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bourgeois, Keith A. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3931	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Downtown Eye Associates
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brannon, Timothy Scott <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75238-1845	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brindley, George West <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79416-4715	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broughton, Nicholas A. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137-2707	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/28 Rpt: 11/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Amy	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-4613		
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Raymond C.	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76116-4613		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brykerwood Skin & Vein Center	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78731-6406		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bunting, Haley	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78759-7310		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Plastic & Reconstructive Surgery
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buzombo, Prince	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Pearland, TX 77584-7347		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/28 Rpt: 12/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cade, Aaron M.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code  Plano, TX 75024-7397	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Carlos Javier	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code  McAllen, TX 78501-3735	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Melchor Pablo	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Laredo, TX 78045-8330	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laredo Minor Emergency Clinic, PA
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chaku, Akshay	Amount of Contribution (\$) \$33.34
	Contributor address; City; State; Zip Code  Houston, TX 77004-6846	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chike-Obi, Chuma J.	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code  Austin, TX 78704-2038	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/28 Rpt: 14/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, George M.	7 Amount of Contribution (\$) \$33.00
	6 Contributor address; City; State; Zip Code  Conroe, TX 77384-1553	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) George M. Davis, MD
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Vicki Blackmon	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Collinsville, TX 76233-0650	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dent, Daniel Lawrence	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78230-2765	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Health San Antonio
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossett, Lucy McCauley	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code  Roanoke, TX 76262-0619	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Diana	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code  El Paso, TX 79936-3390	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diana Escobedo MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/28 Rpt: 15/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Espy, Paul Goodman <hr/> <b>6</b> Contributor address; City; State; Zip Code  Woodway, TX 76712-8537	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Baylor Scott & White-Waco Hillcrest
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Carolyn A. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287-4911	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Pediatric Assoc.
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fiore, Nicholas A. <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401-2815	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fiore Hand & Wrist
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flippin, Mindee Suzann <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035-5755	Amount of Contribution (\$)  \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Floyd, Gary W. <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418-6301	Amount of Contribution (\$)  \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/28 Rpt: 16/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Robert A. ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78731-1244	7 Amount of Contribution (\$)  \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Orthopedics, Sports and Rehabilitation Assoc
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Dominique ..... Contributor address; City; State; Zip Code  Littlefield, TX 79339-4516	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lamb Healthcare Center
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrigos, Socrates A. ..... Contributor address; City; State; Zip Code  McAllen, TX 78502-4572	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Carmen T. ..... Contributor address; City; State; Zip Code  San Antonio, TX 78229-4733	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alamo Heights Pediatrics
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gasper, Stephen G. ..... Contributor address; City; State; Zip Code  Carrollton, TX 75010-4901	Amount of Contribution (\$)  \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 10/28 Rpt: 17/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gill, George Keith ..... 6 Contributor address; City; State; Zip Code  Fort Worth, TX 76179-9161	7 Amount of Contribution (\$)  \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilmer, William S. ..... Contributor address; City; State; Zip Code  Houston, TX 77005-2613	Amount of Contribution (\$)  \$212.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) William S. Gilmer, MD, PA
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glass, Thomas Franklin ..... Contributor address; City; State; Zip Code  Dallas, TX 75225-1924	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Blanca Lucia ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78418-7600	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cano Health-Corpus Christi
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hadley, Lesca C. ..... Contributor address; City; State; Zip Code  Cleburne, TX 76033-8329	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acclaim Physician Group

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/28 Rpt: 18/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, John Marshall <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214-1933	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Garland Eye Associates, PA
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hartman, Israel A. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-4521	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haynes, John H. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-3417	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acclaim Physician Group
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haynes, Katherine Anne <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712-2208	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) AMG Providence Women's Health
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henkes, David Norman <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-2221	Amount of Contribution (\$)  \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pathology Reference Laboratory, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 12/28 Rpt: 19/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W.	7 Amount of Contribution (\$) \$208.34
	6 Contributor address; City; State; Zip Code  Waco, TX 76712-7565	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsomback, Thomas N.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Baytown, TX 77520-5768	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Thomas N. Holsomback, MD, PA
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Michael W.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76179-6635	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code  Helotes, TX 78023-4492	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C.	Amount of Contribution (\$) \$177.09
	Contributor address; City; State; Zip Code  Houston, TX 77009-7753	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/28 Rpt: 20/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Islam, David M. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703-5709	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) CHRISTUS Trinity Clinic - Anesthesia
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobson, Leah Hanselka <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-3302	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Personal Pediatrics by Leah Jacobson, MD
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenkins, Kalan H. <hr/> Contributor address; City; State; Zip Code  Salado, TX 76571-2205	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health-Central Texas
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jennings, Adam R. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-6612	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Harris Methodist Select
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Steven E. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-3100	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USMD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/28 Rpt: 21/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jumper, Cynthia Ann ..... 6 Contributor address; City; State; Zip Code  Lubbock, TX 79424-5001	7 Amount of Contribution (\$)  \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimbrough, Thomas Duke ..... Contributor address; City; State; Zip Code  Galveston, TX 77550-7839	Amount of Contribution (\$)  \$937.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Korpon, Jonathan Ryan ..... Contributor address; City; State; Zip Code  Dallas, TX 75209-7323	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center/Parkland Health Res
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krause, Ira ..... Contributor address; City; State; Zip Code  Houston, TX 77055-6719	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Urology
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LaBarbera, Philip T. ..... Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-4894	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Nacogdoches Area Physicians Association, PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/28 Rpt: 22/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le, Tri Hoai <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77083-5362	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Chevy Chu <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501-1106	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, C. Turner <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-2360	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Pediatrics
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liu, Kevin X. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-8217	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) American Radiology Associates
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Jerome Earl <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75092-7663	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texoma Neurology Associates, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/28 Rpt: 23/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luna, Rene I.	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539-0054		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Luna Obgyn
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Marte A.	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Laredo, TX 78045-8956		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Marte a Martinez MD, PLLC
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Ricardo Javier	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Irving, TX 75063-5510		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Always Best Care Medical Center, PA
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masters, Patrick Allen	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  San Antonio, TX 78230-5856		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Consultants of San Antonio-Medica
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathews, Sunil	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Irving, TX 75063-5519		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Neuroscience & Sleep Center PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/28 Rpt: 24/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCain, Christina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206-6774	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Baylor Scott & White Health - Dallas Residents
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Barry Dale <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-4014	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP (Anesthesia Consultants of Dallas ACD Divisi
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monday, Kimberly E. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3318	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moss, Jesse <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78239-1604	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Jesse Moss Jr., MD, FACS, P. A
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moulin, Victor G. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059-1410	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 18/28 Rpt: 25/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myung, Chang Ryul	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code  Brownsville, TX 78520-0213	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Valley Regional Medical Center
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Richard Burke	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code  Fort Worth, TX 76110-2615	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arlington Emergency Medicine Associates
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L.	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code  Magnolia, TX 77355-1836	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olascoaga-Castro, Jose Enrique	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75204-5625	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health - Dallas Residents
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code  Dallas, TX 75244-7703	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix Medical Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/28 Rpt: 26/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pillarisetty, Leela Sharath <hr/> <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765-5058	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poindexter, David P. <hr/> Contributor address; City; State; Zip Code  Humble, TX 77347-0876	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ponce Herrera, Franklin Daniel <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572-2035	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) William Restrepo, MD PA
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Psychiatric Consulting Services, PA <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78405-1873	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Race, Elizabeth M R <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205-2925	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical City Dallas Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 20/28 Rpt: 27/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raju, Malathi Chamarthi	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code  Cleburne, TX 76033-5911	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reddy, Himabindu R.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75022-7891	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Arthritis & Rheumatology Assoc, PA
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rezaie, Morvarid	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4537	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Center for Cancer and Blood Disorders
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richeh, Chadi	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  San Angelo, TX 76903-5919	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson, Anne	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code  Tyler, TX 75701-2910	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/28 Rpt: 28/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Eldon Stevens <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79493-6685	<b>7</b> Amount of Contribution (\$)  \$208.34
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roman, Mary Anne <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240-1733	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutledge, Brian Patrick <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504-2034	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Digestive Specialists PA
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saghir, Iqra <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429-4583	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Inpatient Physician Associates
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Samuel, Sandeep Thomas <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550-3227	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Digestive Specialists PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 22/28 Rpt: 29/41
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Martin, Jose Eduardo	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code  Spring, TX 77389-4890	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schettler, Heinrich G.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Kingwood, TX 77339-2433	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Anjali N.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75214-3422	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Gregory L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Houston, TX 77021-1235	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Associates, PA
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharma, Meenu	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76126-6106	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/28 Rpt: 30/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharma, Naginder	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-6106		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) North Texas Heart & Vascular
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Kelvin S.	Amount of Contribution (\$)  \$300.00
Contributor address; City; State; Zip Code  Kingwood, TX 77345-1919		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy & ENT Associates
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Joseph H.	Amount of Contribution (\$)  \$300.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76116-8131		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Digestive Health Associates of Texas, PA DHAT
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Manmeet	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77479-5663		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Sugar Land Hospital-Rcving
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sra, Karan P. K.	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  Houston, TX 77007-7008		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Dermatology

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/28 Rpt: 31/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strain, Shawn M. ..... <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-8436	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Acclaim Physician Group
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strobel, Gennell DeAn ..... Contributor address; City; State; Zip Code  Sherman, TX 75090-5000	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) G. Dean Strobel, MD PA
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Studey, Curtis L. ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2555	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tavarez, Roman Erik ..... Contributor address; City; State; Zip Code  McAllen, TX 78503-1216	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Jeffrey B. ..... Contributor address; City; State; Zip Code  Beaumont, TX 77704-1591	Amount of Contribution (\$)  \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Hospital of Southeast Texas Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/28 Rpt: 32/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tompkins, Kent Earl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78410-5672	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Centric Physicians Group
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Elizabeth <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-2105	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Premier Internal Medicine Assoc PA
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Hoa H. <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-7358	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, James T. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-5451	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tyroch, Roxanne Marie <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912-6303	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Intellimedecine PA



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/28 Rpt: 33/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Viere, Jane Marion	<b>7</b> Amount of Contribution (\$) \$55.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225-3759		
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vijjeswarapu, Daniel V.	Amount of Contribution (\$) \$625.00
Contributor address; City; State; Zip Code  San Antonio, TX 78253-6283		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CentroMed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, E. Linda	Amount of Contribution (\$) \$208.34
Contributor address; City; State; Zip Code  Edinburg, TX 78541-4651		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warshauer, Jeremy T.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Burlingame, CA 94010-3325		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Paul Brian	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Longview, TX 75605-7706		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/28 Rpt: 34/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Diana E.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-4309	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Neurosurgical Spine Consultants
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wu, Kenneth Qian	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Bellaire, TX 77401-2803	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Procura Pain & Spine
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xu, Shin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Livingston, TX 77351-9444	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CHI St. Luke's Health - Memorial Livingston
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Rodney B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79124-3904	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ Family Health Center-Cli
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yusoof, Syed Ather	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79912-6437	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panacea Clinic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 36/41
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/26/2024	<b>5</b> Corporation / Labor Organization name Cardiovascular Consultants of Houston PLLC	<b>6</b> Amount (\$) 99.00
Date 04/25/2024	Corporation / Labor Organization name Janna Hartman, MD, PLLC	Amount (\$) 99.00
Date 04/25/2024	Corporation / Labor Organization name National Fertility Center of Texas	Amount (\$) 99.00
Date 04/03/2024	Corporation / Labor Organization name U.S. Anesthesia Partners of Texas PA	Amount (\$) 48,250.00
Date 04/03/2024	Corporation / Labor Organization name USAP- Dallas	Amount (\$) 68,125.00

**NON-MONETARY SUPPORT FROM CORPORATION  
OR LABOR ORGANIZATION**

**SCHEDULE C4**

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 38/41	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/17/2024	<b>5</b> Payee name Brent Hagenbach Campaign	
<b>6</b> Amount (\$) \$15,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2800 Shoreline Dr #310  Denton, TX 76210	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brent Hagenbach, STATE SENATE 30th TX
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2024	Payee name Dade Phelan Campaign	
Amount (\$) \$15,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 5990  Austin, TX 78763	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dade Phelan, STATE HOUSE 21st TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2024	Payee name DeWayne Burns for State Representative	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 703 Stonelake Drive  Cleburne, TX 76033	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DeWayne Burns, STATE HOUSE 58th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 39/41	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 04/02/2024	<b>5</b> Payee name Frazier for Texas
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4100 Eldorado Pkwy, Ste. 100  McKinney, TX 75070
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frederick Frazier, STATE HOUSE 61st TX
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/17/2024	Payee name Gina Hinojosa Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2120 S. Lamar  Austin, TX 78704
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gina Hinojosa, STATE HOUSE 49th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/24/2024	Payee name Hillary Hickland Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6318 Brayson Oaks Ct.  Belton, TX 76513
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hillary Hickland, STATE HOUSE 55th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 40/41	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 04/02/2024	<b>5</b> Payee name Jarvis for Texas
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 16600  Houston, TX 77222
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jarvis Johnson, STATE SENATE 15th TX
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/02/2024	Payee name Jeff Bauknight Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 4122  Victoria, TX 77903
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jeff Bauknight, STATE HOUSE 30th TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/02/2024	Payee name John Kuempel Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 902 E. College Street  Seguin, TX 78155
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense John Kuempel, STATE HOUSE 44th TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 41/41	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/02/2024	<b>5</b> Payee name Justin Holland Campaign	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3021 Ridge Rd. Ste. A, Box 79  Rockwall, TX 75032	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Justin Holland, STATE HOUSE 33rd TX
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/04/2024	Payee name Texas Medical Association Foundation	
Amount (\$) \$3,100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2024 TMAF Gala Table Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2024	Payee name Trey Wharton Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1242  Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trey Wharton, STATE HOUSE 12th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held