

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,437.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 136,450.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Debbie B Garza

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Pharmacy Association PAC		18 Filer ID (Ethics Commission Filers) 00016271
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,633.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 204.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/23 Rpt: 4/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Kingsville, TX 78363	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aloysius, Kevin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77007-4348	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Christopher	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Kelsey	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240-2459	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Shandra	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Irving, TX 75039-3317	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/23 Rpt: 5/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam <hr/> 6 Contributor address; City; State; Zip Code Vernon, TX 76384-3165	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-1739	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Tatiana <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904-8121	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5560	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burney, Cheryl <hr/> Contributor address; City; State; Zip Code Houston, TX 77231-1219	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, LaVonia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-4036	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers, Robert <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-1140	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78552-6232	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheatheat, Jamie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-6988	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Ellen M. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comfort, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78729-6479	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compean, Deborah <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79938-4850	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coy, Carmen <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-0608	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Katherine <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254-2717	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dam, Vinh <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Thomas <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165-1590	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/23 Rpt: 9/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Candace <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozier, Dawn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7210	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Patricia <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530-4559	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Rebecca <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-7300	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fat-Anthony, William <hr/> Contributor address; City; State; Zip Code Mission, TX 78574-1202	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/23 Rpt: 10/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Ricardo <hr/> 6 Contributor address; City; State; Zip Code Argyle, TX 76226-1676	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Julie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250-2634	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost, Kimberly <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-5723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-5006	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Aaron <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714-3618	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/23 Rpt: 11/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Karen	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Temple, TX 76502-4119		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Matthew	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Woodville, TX 75979-6217		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Greg	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Leander, TX 78641-4267		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakam, Amer	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Peoria, AZ 85383-6668		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Lee Ann	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Detroit, TX 75436-4500		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden, Lauren <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78015-6580	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hearn, Elizabeth <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-5686	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, W. Carter <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-6648	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobart, Christopher <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-6165	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Ed <hr/> Contributor address; City; State; Zip Code Stephenville, TX 76401-1705	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michael	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Seabrook, TX 77586-2822		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icard, David	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Tomball, TX 77375-4867		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Stephanie	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Pearland, TX 77581-8835		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Frisco, TX 75034-2646		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi, Sirisha	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Coppell, TX 75019-5985		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> 6 Contributor address; City; State; Zip Code Saginaw, TX 76131-2911	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Grace <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226-8904	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-8181	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korompai, Kaylie <hr/> Contributor address; City; State; Zip Code Belton, TX 76513-4762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Larry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-1451	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/23 Rpt: 15/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruckemeyer, Jeremiah <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130-7966	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamontagne, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78747-1127	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawani Naylor, Hanifath <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566-7921	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Joycelyn <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072-9200	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Grace <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-4990	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/23 Rpt: 16/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-1466		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Lee	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Andrews, TX 79714-2602		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley	Amount of Contribution (\$) \$216.00
Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Plano, TX 75093-4529		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcanally, Bruce <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-3211	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrill, Jonathan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78244-1352	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montalbano, Christopher <hr/> Contributor address; City; State; Zip Code Bay St Louis, MS 39521-3736	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jerry(Jay)	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Texarkana, AR 71854-8169	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moussallie, George	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Edgewood, WA 98371-1408	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murhammer, Payal	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-3793	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ndu, Adaeze	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christine	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Little Elm, TX 75068-2958	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/23 Rpt: 19/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas, Casey	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code New Braunfels, TX 78132-0188		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Georgette	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Corsicana, TX 75151-1755		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Notturmo-Strong, Debra	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Tuscola, TX 79562-3435		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwosu, Tochi	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Richmond, TX 77469-5725		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ouellette, Craig	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Wellington, TX 79095-5031		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/23 Rpt: 20/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pahlavan, Navid	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Allen, TX 75002-5335	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stephanie	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Borger, TX 79008-3282	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Chantelle	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Fresno, TX 77545-2318	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paruszewski, Kevin	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Spring, TX 77379-7815	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/23 Rpt: 21/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, LaToria <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201-8458	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay <hr/> Contributor address; City; State; Zip Code Prague, OK 74864-1501	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Miguel <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-2237	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraj, Nada <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-2856	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kimberly <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-5300	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, David <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75087-2404	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seagroves, Steven <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Kelly <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-8408	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Sonal <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-2030	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smock, Douglas <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Sabahat <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494-8237	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbott, Sandra <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-4009	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204-2178	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-2358	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Thomas <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/23 Rpt: 24/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Hang <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78726-1936	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinh, Phu <hr/> Contributor address; City; State; Zip Code Manor, TX 78653-2379	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valadez, Rosario <hr/> Contributor address; City; State; Zip Code Houston, TX 77064-4213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Julie <hr/> Contributor address; City; State; Zip Code Bentonville, AR 72713-3181	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Charlotte <hr/> Contributor address; City; State; Zip Code Tyler, TX 75710-1411	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/23 Rpt: 25/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Loynecia <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578-3285	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Courtney <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757-8239	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Annie <hr/> Contributor address; City; State; Zip Code Houston, TX 77039-4120	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Alexis <hr/> Contributor address; City; State; Zip Code Houston, TX 77218-8278	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, Min <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-0117	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/23 Rpt: 26/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 05/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamutt, Mark <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750-8535	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 27/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/30/2024	5 Corporation / Labor Organization name Galveston Specialty Pharmacy	6 Amount (\$) 50.00
Date 05/01/2024	Corporation / Labor Organization name Highland Drug, Inc	Amount (\$) 4.00
Date 04/30/2024	Corporation / Labor Organization name Med Care Pharmacy	Amount (\$) 100.00
Date 04/30/2024	Corporation / Labor Organization name Rose City Pharmacy	Amount (\$) 50.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 28/28
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 04/30/2024	5 Corporation / Labor Organization name Texas Pharmacy Association	6 Amount (\$) 1,600.00