### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

1 Filer ID 2 Total pages filed:						
The MPAC Instruction Guide explains how to complete this form.     (Ethics Commission Filers)     28       00016271     28	The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers)					
3 COMMITTEE NAME OFFICE USE ON	LY					
Texas Pharmacy Association PAC						
ELECTRONICALLY FIL 05/28/2024	ED					
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP						
ADDRESS 3200 Steck Ave						
Suite 370						
Change of Address Austin, TX 78757	arked					
5 CAMPAIGN MS / MRS / MR FIRST MI						
TREASURER NAME Mrs. Debbie B Receipt # Amount						
NAME INIS. DEDDIE B						
Date Processed						
NICKNAME LAST SUFFIX						
Garza Date Imaged						
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
TREASURER STREET 3200 Steck Ave.						
ADDRESS Ste. 370						
(Residence or Business) Austin, TX 78757						
7 CAMPAIGN STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 2000 Stately Aug						
MAILING 3200 Steck Ave.						
ADDRESS Ste. 370						
Change of Address Austin, TX 78757						
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION						
TREASURER           PHONE         (512) 615-9170						
9 REPORT TYPE In the superior of the second	DR)					
10 MONTHLY REPORT FILING       January 5       April 5       July 5       October 5						
DEADLINE						
February 5   May 5   August 5   November 5						
March 5 X June 5 September 5 December 5						
11 PERIOD         Month         Day         Year         Month         Day         Year           COVERED         THROUGH						
COVERED 04/26/2024 THROUGH 05/25/2024						
GO TO PAGE 2						
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0	d378aba0					

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Pharmacy Assoc	iation PAC		0001627	1
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,437.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	136,450.55
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Debl	oie B Garza	
		Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

### FORM MPAC COVER SHEET PG 3

3 of 28

17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)	
Texas Pha	armacy Association PAC	00016271		
19 SCHEDUL	E SUBTOTALS			
NAME OF	SCHEDULE		SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,633.0	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 204.0	
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 1,600.00	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

**SUBTOTALS - MPAC** 

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/23 Rpt: 4/28	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	macy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/09/2024	· ·		\$	60.00
	6 Contributor address; City; State; Zip Code			
	Kingsville, TX 78363			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2024	Aloysius, Kevin		\$1	L00.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77007-4348			
-	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/20/2024	Alvarado, Christopher		\$1	L00.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78253-6283			
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Phannacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/22/2024	Bailey, Kelsey		\$	60.00
	Contributor address; City; State; Zip Code			
	San Antonia TV 79240 2450			
Dringinglagg	San Antonio, TX 78240-2459	Employer (Cap Instructions)	λ	
Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/30/2024	Banks, Shandra		\$	\$50.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75039-3317			
Dringinal acqu	-	Employer (Soo Instructions)	Λ	
Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Fliailliacist				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/23 Rpt: 5/28	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/02/2024	Bayer, Adam		\$100	.00
	6 Contributor address; City; State; Zip Code		1	
	Vernon, TX 76384-3165			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/04/2024	Beall, Michelle		\$60	.00
	Contributor address; City; State; Zip Code		1	
	Tatum, TX 75691-3769			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/08/2024	Beall, Michelle		\$10	.00
	Contributor address; City; State; Zip Code		1	
	Tatum, TX 75691-3769			
-	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/01/2024	Boboye, Law		\$4	.00
	Contributor address; City; State; Zip Code		1	
	Arlington, TX 76017-1739			
	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
05/24/2024	Bueche, Jay		\$60	.00
	Contributor address; City; State; Zip Code		]	
	Now Provintela, TV 70100 2007			
	New Braunfels, TX 78132-2927			
	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Pharmacist				

The In	struction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/28
2 FILER N	AME		<b>3</b> Filer ID (Ethics Commission Filers)
	Pharmacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/25/2			\$4.0
	6 Contributor address; City; State; Zip Code		
	San Angelo, TX 76904-8121		
	l occupation / Job title (See Instructions)	9 Employer (See Instructions)	)
Pharma	.cist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/20/2			\$60.0
	Contributor address; City; State; Zip Code		
	College Station, TX 77845-5560		
	l occupation / Job title (See Instructions)	Employer (See Instructions)	)
Pharma			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2			\$4.0
	Contributor address; City; State; Zip Code		
	Louises TV 77001 1010		
Drinoino	Houston, TX 77231-1219		<u> </u>
Principa	l occupation / Job title (See Instructions)	Employer (See Instructions)	)
		<u> </u>	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2	·		\$4.0
	Contributor address; City; State; Zip Code		
	Richmond, TX 77407-4036		
Princina	l occupation / Job title (See Instructions)	Employer (See Instructions)	
Pharma			)
		<u> </u>	Amount of Contribution (#)
Date 05/01/2		)	Amount of Contribution (\$) \$4.0
00/01/2			ψτ.υ
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79118-1140		
Principa	l occupation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>
Pharma			)
,			
4			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/28
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/23/2024	Cervantes, Adrian		\$60.0
	6 Contributor address; City; State; Zip Code		
	Harlingen, TX 78552-6232		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Cheatheam, Jamie		\$4.0
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76108-6988		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/19/2024	Church, Ellen M.		\$100.0
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76133		
-	pation / Job title (See Instructions)	Employer (See Instructions)	)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/15/2024	Clark, Lauren		\$60.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78757-8213		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/18/2024	Comfort, Mark		\$60.0
	Contributor address; City; State; Zip Code		
	A		
	Austin, TX 78729-6479		-
-	pation / Job title (See Instructions)	Employer (See Instructions)	)
Pharmacist			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/28	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	- macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
05/01/2024				\$4.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79938-4850			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/01/2024				\$4.00
	Contributor address; City; State; Zip Code			
	Fulshear, TX 77441-0608			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/17/2024		/		\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78254-2717			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/01/2024		/		\$4.00
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	i i)	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/01/2024		/	(+)	\$4.00
	Contributor address; City; State; Zip Code			
	Waxahachie, TX 75165-1590			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	I ;)	
Pharmacist				

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/23 Rpt: 9/28
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/24/2024	Dixon, Candace		\$150.00
	6 Contributor address; City; State; Zip Code		
	Mansfield, TX 76063		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/01/2024	Dozier, Dawn		\$4.00
	Contributor address, City, State, Zip Code		
	Pearland, TX 77584-7210		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Pharmacist			)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Driver, Patricia		\$4.00
	Contributor address; City; State; Zip Code		
	Channelview, TX 77530-4559		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/30/2024	Farrell, Rebecca		\$50.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581-7300		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Fat-Anthony, William		\$4.00
	Contributor address; City; State; Zip Code		
	Mission, TX 78574-1202		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
Pharmacist	· · · · · · · · · · · · · · · · · · ·	F - y - (200 million)	·
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	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 7/23 Rpt: 10/28	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC		-	00016271	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	05/23/2024	Fernandez, Ricardo				\$4.00
	I	6 Contributor address; City; State; Zip Code		"		
		Argyle, TX 76226-1676				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	05/09/2024	Flores, Julie				\$150.00
	I	Contributor address; City; State; Zip Code				
		San Antonio, TX 78250-2634				
$\vdash$	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	I IS)		
	Pharmacist			,		
╞	Date	Full name of contributor out-of-state PAC	(104.)	Т	Amount of Contribution (\$)	
	05/20/2024	Frost, Kimberly	(ID#:)			\$50.00
	03/20/2024	-				90.00¢
		Contributor address; City; State; Zip Code				
		Doctoroll TV 75022-5722				
$\vdash$	Drinsipal agai	Rockwall, TX 75032-5723	Employar (Cao Instruction	<u> </u>		
	Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions	IS)		
				-		
	Date		(ID#:)		Amount of Contribution (\$)	
	05/06/2024	Fry, Wilson				\$60.00
	I	Contributor address; City; State; Zip Code		Ϊ		
		San Benito, TX 78586-5006				
		pation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Pharmacist					
Γ	Date	Full name of contributor out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
	05/10/2024	Gibson, Aaron				\$200.00
	I	Contributor address; City; State; Zip Code		.		
		Andrews, TX 79714-3618				
$\vdash$	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	I IS)		
	Pharmacist	peneri		,		
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/23 Rpt: 11/28	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/18/2024	Gonzales, Karen			\$10.00
	6 Contributor address; City; State; Zip Code			
	Temple, TX 76502-4119			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/01/2024	Greenwood, Matthew		、 <i>.</i>	\$4.00
	Woodville, TX 75979-6217			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)	
Pharmacist	<b>`</b>		,	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/01/2024	Guidry, Greg	/	Amount of Contribution (4)	\$4.00
00,01,202	Contributor address; City; State; Zip Code			Ψ
	Contributor address, City, State, Zip Code			
	Leander, TX 78641-4267			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/01/2024	Hakam, Amer	/		\$4.00
00,01,2021	Contributor address; City; State; Zip Code			¢ 1100
	Contributor address, City, State, Zip Code			
	Peoria, AZ 85383-6668			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() )	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/15/2024	Hampton, Lee Ann	,		\$50.00
	Contributor address; City; State; Zip Code			
	Detroit, TX 75436-4500			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Pharmacist		, . <b>,</b>	,	
		<u> </u>		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/23 Rpt: 12/28	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[		nacy Association PAC			00016271	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/05/2024	Hayden, Lauren				\$60.00
		6 Contributor address; City; State; Zip Code		1		
		Boerne, TX 78015-6580				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Pharmacist					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/30/2024	Hearn, Elizabeth				\$50.00
		Contributor address; City; State; Zip Code		•		
		Colleyville, TX 76034-5686				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	05/16/2024	High, W. Carter	/		(*)	\$100.00
		Contributor address; City; State; Zip Code		ł		
		Fort Worth, TX 76244-6648				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/08/2024	Hobart, Christopher	/		(*)	\$60.00
		Contributor address; City; State; Zip Code		ł		
		Lubbock, TX 79423-6165				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Pharmacist					
⊢	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/08/2024	Horton, Ed	/			\$2,000.00
		Contributor address; City; State; Zip Code		•		+_,000.00
		Commuter address, City, State, Zip Code				
		Stephenville, TX 76401-1705				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
Í	Pharmacist		, , , , , , , , , , , , , , , , , , , ,	,		
⊢						
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The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/28
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Pharn	nacy Association PAC		00016271
4 Date 05/01/2024	5 Full name of contributor out-of-state PAC (ID#: Hughes, Michael	)	<ul><li>7 Amount of Contribution (\$)</li><li>\$4.00</li></ul>
	6 Contributor address; City; State; Zip Code		
	Seabrook, TX 77586-2822		
8 Principal occu Pharmacist	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Icard, David		\$4.00
	Contributor address; City; State; Zip Code		
	Tomball, TX 77375-4867		
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Joseph, Stephanie		\$4.00
Dringinal accu	Contributor address; City; State; Zip Code Pearland, TX 77581-8835	Employer (Soo Instructions	N
Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Kadivi, Kyle		\$4.00
	Contributor address; City; State; Zip Code		
	Frisco, TX 75034-2646		
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Kandi, Sirisha Contributor address; City; State; Zip Code		\$4.00
	Coppell, TX 75019-5985		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Pharmacist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/28	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	nacy Association PAC		00016271	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/18/2024	Killam-Worrall, Lisa		\$6	60.00
	6 Contributor address; City; State; Zip Code			
	Saginaw, TX 76131-2911			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/01/2024	Kim, Grace		\$	\$4.00
	Contributor address; City; State; Zip Code			
	Lantana, TX 76226-8904			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/19/2024	Klein, Mary		\$2	25.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79602-8181			
-	pation / Job title (See Instructions)	Employer (See Instructions	)	
Pharmacist				
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/17/2024	Korompai, Kaylie		\$10	00.00
	Contributor address; City; State; Zip Code			
	Belton, TX 76513-4762			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/20/2024	Krasner, Larry		\$5	50.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75248-1451			
-	pation / Job title (See Instructions)	Employer (See Instructions	)	
Pharmacist				

	The Instru	ction Guide explains how to complete this f	orm.		s Schedule A1: 3 Rpt: 15/28	
2	FILER NAME				Ethics Commissior	n Filers)
[		nacy Association PAC		00016271		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	Contribution (\$)	
	05/05/2024	Kruckemeyer, Jeremiah				\$50.00
		6 Contributor address; City; State; Zip Code				
		New Braunfels, TX 78130-7966				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
Ľ	Pharmacist					
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_	)	Amount of	Contribution (\$)	
	04/30/2024	Lamontagne, Robert				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78747-1127				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Pharmacist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	Contribution (\$)	
	05/01/2024	Lawani Naylor, Hanifath				\$4.00
		Contributor address; City; State; Zip Code				
		Los Fresnos, TX 78566-7921				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Pharmacist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	Contribution (\$)	
	05/21/2024	Le, Joycelyn			()	\$50.00
		Contributor address; City; State; Zip Code				
		McKinney, TX 75072-9200				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Pharmacist	· · · · · · · · · · · · · · · · · · ·				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of	Contribution (\$)	
	05/01/2024	Lee, Grace	)	/ iniounit of		\$4.00
	00/01/2024	· · · · · · · · · · · · · · · · · · ·				φ4.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75081-4990				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Pharmacist			/		
⊢	- namucist					
I I						

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

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/28	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/13/2024	Mcanally, Bruce			\$150.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78703-3211			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/11/2024	Mcnabb, Benjamin			\$100.00
	Contributor address; City; State; Zip Code			
Di balaan	Eastland, TX 76448		、 、	
Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/16/2024	Mcnabb, Benjamin			\$100.00
	Contributor address; City; State; Zip Code			
	Eastland, TX 76448			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Pharmacist			)	
Data	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (¢)	
Date 04/30/2024	Full name of contributor out-of-state PAC (ID#: Merrill, Jonathan	)	Amount of Contribution (\$)	\$50.00
04/30/2024				\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78244-1352			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Pharmacist			,	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/01/2024	Montalbano, Christopher	,		\$4.00
	Contributor address; City; State; Zip Code			·
	Bay St Louis, MS 39521-3736			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Pharmacist				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/28	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
05/01/2024	Morgan, Jerry(Jay)			\$4.00
	6 Contributor address; City; State; Zip Code		1	
	Texarkana, AR 71854-8169			
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)	
Pharmacist			,	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/01/2024	Moussallie, George			\$4.00
	Contributor address; City; State; Zip Code		1	
	Edgewood, WA 98371-1408			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	÷)	Amount of Contribution (\$)	
05/01/2024	Murhammer, Payal			\$4.00
	Contributor address; City; State; Zip Code		1	
	Flower Mound, TX 75028-3793	<u>.</u>		
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/01/2024	Ndu, Adaeze			\$4.00
	Contributor address; City; State; Zip Code		1	
Dringing agou	Frisco, TX 75035	Employer (See Instructions		
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions	<b>i</b> )	
	<del></del>			
Date	Full name of contributor out-of-state PAC (ID#:	······)	Amount of Contribution (\$)	±100.00
05/20/2024	Nguyen, Christine			\$100.00
	Contributor address; City; State; Zip Code			
	Little Elm, TX 75068-2958			
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist			»)	
Flamador				
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/23 Rpt: 19/28
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Pharn	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/23/2024	Nicholas, Casey		\$100.00
	6 Contributor address; City; State; Zip Code		
	New Braunfels, TX 78132-0188		
8 Principal occu Pharmacist	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/30/2024	Nichols, Georgette		\$50.00
	Contributor address; City; State; Zip Code		
	Corsicana, TX 75151-1755		
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Notturno-Strong, Debra		\$4.00
	Contributor address; City; State; Zip Code Tuscola, TX 79562-3435		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Nwosu, Tochi		\$4.00
	Contributor address; City; State; Zip Code		
	Richmond, TX 77469-5725		
Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/01/2024	Ouellette, Craig Contributor address; City; State; Zip Code		\$4.00
	Wellington, TX 79095-5031		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Pharmacist			

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/23 Rpt: 20/28	
2	FILER NAME				-iler ID (Ethics Commission	n Filers)
[		nacy Association PAC		1	00016271	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 /	Amount of Contribution (\$)	
	05/08/2024	Pahlavan, Navid				\$50.00
		6 Contributor address; City; State; Zip Code				
		Allen, TX 75002-5335				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/01/2024	Palmer, Stephanie				\$4.00
				·		
		Borger, TX 79008-3282				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/24/2024	Parker, Chantelle				\$60.00
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Fresno, TX 77545-2318				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/16/2024	Paruszewski, Kevin				\$4.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77379-7815				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/24/2024	Reagan, Carol				\$100.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76109-2611	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
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1	The Instru	ction Guide explains how to co	nplete this fo	rm.	1	Total pages Schedule A1: Sch: 18/23 Rpt: 21/28	
<b>2</b> F	ILER NAME				3	Filer ID (Ethics Commission	Filers)
		nacy Association PAC			-	00016271	/
<b>4</b> C	Date	5 Full name of contributor out-c	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
C	05/01/2024	Richardson, LaToria					\$4.00
		6 Contributor address; City; State; Zip	Code				
		Dallas, TX 75201-8458					
<b>8</b> F	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions)	;)		
F	Pharmacist						
	Date	Full name of contributor out-o	f-state PAC (ID#:	)		Amount of Contribution (\$)	
c	05/11/2024	 Rider, Kay					\$60.00
		Contributor address; City; State; Zip					
		Prague, OK 74864-1501					
F	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
F	Pharmacist						
0	Date	Full name of contributor out-c	f-state PAC (ID#:	)		Amount of Contribution (\$)	
C	)5/25/2024	Romero, Miguel					\$25.00
		Contributor address; City; State; Zip	Code				
		El Paso, TX 79911-2237					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacy T						
	Date		f-state PAC (ID#:	)		Amount of Contribution (\$)	
C	05/01/2024	Sarraj, Nada					\$4.00
		Contributor address; City; State; Zip	Code				
		Houston, TX 77095-2856					
F	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Pharmacist				,		
	Date	Full name of contributor	f-state PAC (ID#:	)		Amount of Contribution (\$)	
	)5/01/2024	Schaffer, Kimberly	I-State FAC (ID#	)			\$4.00
	0,01,2021	Contributor address; City; State; Zip					¢ 1.00
			Coue				
		Cedar Park, TX 78613-5300					
F	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Pharmacist						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/28	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	nacy Association PAC		00016271	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/01/2024	Schwartz, David			\$4.00
	6 Contributor address; City; State; Zip Code			
	Rockwall, TX 75087-2404			
	pation / Job title (See Instructions)	9 Employer (See Instructions	i)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/23/2024	Seagroves, Steven			\$4.00
	Contributor address; City; State; Zip Code			
	TV 77010			
<u> </u>	Montgomery, TX 77316		<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/28/2024	Selby, Kelly		\$1	100.00
	Contributor address; City; State; Zip Code			
	Denter TV 70205 0400			
	Denton, TX 76205-8408		Į	
-	pation / Job title (See Instructions)	Employer (See Instructions	<b>)</b>	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/30/2024	Shah, Sonal		\$	\$50.00
	Contributor address; City; State; Zip Code			
	Dishmand TV 77407 2020			
<u> </u>	Richmond, TX 77407-2030		Į	
-	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/30/2024	Smock, Douglas		\$	\$50.00
	Contributor address; City; State; Zip Code			
	Richardson, TX 75082	1		
	pation / Job title (See Instructions)	Employer (See Instructions	<i>。</i> )	
Pharmacist				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/28	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
04/30/2024	Syed, Sabahat			\$50.00
	6 Contributor address; City; State; Zip Code			
	Katy, TX 77494-8237			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/01/2024	Talbott, Sandra			\$4.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77478-4009			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/17/2024	Tapia, Daniel			\$60.00
	Contributor address; City; State; Zip Code			
	Con Antonia TV 70204 2170			
D in single and	San Antonio, TX 78204-2178		、 、	
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*1 00</b>
05/01/2024	Thomas, Justin			\$4.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75204-2358			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist			,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Thomas, Thomas		•••	\$50.00
	Contributor address; City; State; Zip Code			
	The Colony, TX 75056			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Pharmacist				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/23 Rpt: 24/28	
	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		nacy Association PAC			00016271	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
l	05/01/2024	Tran, Hang				\$4.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78726-1936				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Pharmacist					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/24/2024	Trinh, Phu				\$50.00
		Contributor address; City; State; Zip Code				
		Manor, TX 78653-2379				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>.</b> ;)		
	Pharmacist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/25/2024	Valadez, Rosario	,			\$100.00
	00,20.222	Contributor address; City; State; Zip Code				+=•
		Houston, TX 77064-4213				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Pharmacist					
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/01/2024	Vu, Julie			,	\$4.00
	••••	Contributor address; City; State; Zip Code				Ŧ -
		Bentonville, AR 72713-3181				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Pharmacist					
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/22/2024	Weller, Charlotte	,		, and an a construction ( ),	\$60.00
	00,2	Contributor address; City; State; Zip Code				<b>T T T T</b>
		Contributor address, City, State, Zip Code				
		Tyler, TX 75710-1411				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱)		
	Pharmacist			''		
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	The Instru	ction Guide explains how to complete th	1	Total pages Schedule A1: Sch: 22/23 Rpt: 25/28		
2	FILER NAME		3	n Filers)		
		nacy Association PAC		Filer ID (Ethics Commission 00016271		
4	Date	5 Full name of contributor out-of-state PAC (	r out-of-state PAC (ID#:)			
	05/01/2024					\$4.00
		6 Contributor address; City; State; Zip Code		"		
		Manvel, TX 77578-3285				
8		pation / Job title (See Instructions)	is)			
	Pharmacist					
F	Date	Full name of contributor out-of-state PAC (	(ID#:)	T	Amount of Contribution (\$)	
	05/10/2024	Willis, Courtney				\$15.00
		Contributor address; City; State; Zip Code				
		Bullard, TX 75757-8239				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacy Te	echnician				
⊨	Date	Full name of contributor 🔲 out-of-state PAC (I	(ID#:)	Т	Amount of Contribution (\$)	
	05/05/2024	Wong, Annie				\$60.00
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77039-4120				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
╞	Date	Full name of contributor Out-of-state PAC (	(ID#:)	Т	Amount of Contribution (\$)	
	05/21/2024	Woodard, Alexis			• •	\$50.00
		Contributor address; City; State; Zip Code		·		
Houston, TX 77218-8278						
$\vdash$	Principal occupation / Job title (See Instructions) Employer (See Instructions)			s)		
	Pharmacist					
╞	Date	Full name of contributor Out-of-state PAC (	(ID#:)	Т	Amount of Contribution (\$)	
	05/01/2024	Yoo, Min				\$4.00
		Contributor address; City; State; Zip Code		·		
		McKinney, TX 75071-0117				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L S)		
	Pharmacist	•		•		
$\vdash$						

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

# 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			3	Filer ID	(Ethics Commission Filers)	
	Texas Pharm	as Pharmacy Association PAC			00016271		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	04/30/2024		Galveston Specialty Pharmacy			50.	.00
	Date		Corporation / Labor Organization name		Amount (\$)		
	05/01/2024		Highland Drug, Inc			4.	.00
	Date		Corporation / Labor Organization name		Amount (\$)		
	04/30/2024		Med Care Pharmacy			100.	.00
	Date		Corporation / Labor Organization name		Amount (\$)		
	04/30/2024		Rose City Pharmacy			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			
FILER NAME					(Ethics Commission Filers)		
Texas Pharmacy Association PAC				00016271			
Date	5	Corporation / Labor Organization name	6	Amount (\$)			
04/30/2024		Texas Pharmacy Association			1	,600.00	
F	FILER NAME Texas Pharm Date	FILER NAME Texas Pharmac Date 5	FILER NAME Texas Pharmacy Association PAC Date          5       Corporation / Labor Organization name	FILER NAME     3       Texas Pharmacy Association PAC     5       Date     5     Corporation / Labor Organization name     6	The Instruction Guide explains how to complete this form.       Sch: 1/1 Rp         FILER NAME       3 Filer ID         Texas Pharmacy Association PAC       00016271         Date       5 Corporation / Labor Organization name       6 Amount (\$)	The Instruction Guide explains how to complete this form.       Sch: 1/1 Rpt: 28/28         FILER NAME       3 Filer ID (Ethics Commission Filers)         Texas Pharmacy Association PAC       00016271         Date       5 Corporation / Labor Organization name       6 Amount (\$)	