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

### FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015658	2 Total pages filed: 57			
3 COMMITTEE NAME		•	OFFICE USE ONLY			
Texas Medical As	sociation Political Action Committee					
			Date Received			
			ELECTRONICALLY FILED			
			06/05/2024			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDRESS	401 W. 15th St.					
Change of Addres	Austin, TX 78701		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN	MS / MRS / MR FIRST	MI				
TREASURER	Ms. Christir	ne N	Receipt # Amount			
NAME						
			Date Processed			
	NICKNAME LAST	SUFFI	×			
	Mojeza	ti	Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	;; APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER	401 W. 15th St.					
STREET ADDRESS						
(Residence or Business)						
	Austin, TX 78701					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE			
TREASURER MAILING	401 W. 15th St.					
ADDRESS						
Change of Addres	Austin, TX 78701					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER	AREA CODE PHONE NOMBER	EXTENSION				
PHONE	(512) 370-1361					
9 REPORT TYPE						
9 REPORTITE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY		ril 5 🔲 July 5	October 5			
REPORT FILING DEADLINE	January 5 Ap	ril 5 📃 July 5				
	February 5	ay 5 August 5	November 5			
	March 5 X Ju	ne 5 September 5	December 5			
11 PERIOD	Month Day Year	Month	Day Year			
COVERED	04/26/2024	THROUGH 05/25/	2024			
	GC	TO PAGE 2				
orms 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 Medical Associat	ion Political Action Cor	nmittee	00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported John Kuempel State Represer	ntative	
(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	\$	24.26
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	90,747.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		0.00
	4. TOTAL POLITICAL EXPENDITURES			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			266,322.48
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	rhe \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Christin	e N. Mojezat	i
		Signature of Car		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	Political Action Com 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)	<ul><li>A. Supported</li><li>B. Opposed</li><li>A. Supported</li></ul>		State Representat	13 Filer ID 00015658	Page 3 of 5 (Ethics Commission Filers
exas Medical Association 4 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	<ol> <li>Candidates         <ul> <li>(Identify by name or, if applicable, classify by party.)</li> </ul> </li> <li>2. Measures         <ul> <li>(Describe by date and location of election and</li> </ul> </li> </ol>	<ul><li>A. Supported</li><li>B. Opposed</li><li>A. Supported</li></ul>		State Representat	00015658	
ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and	B. Opposed A. Supported		State Representat	ive	
paper to complete this report if necessary.)	(Describe by date and location of election and	A. Supported	1			
	(Describe by date and location of election and		1			
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	1				
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Justin Holland	State Represent	ative	
(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	1			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	-				
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jeπ Bauknight	State Represent	ative	
(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	1			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	<u> </u>				

MONTHLY FI	LING GPAC R	REPORT:	PURPOSE		FORM MPAC
					Page 4 of 57
2 COMMITTEE NAME exas Medical Associatio	on Political Action Corr	nmittee		<b>13</b> Filer ID 00015658	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dewayne Burns State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
COMMITTEE	applicable, classify by party.) 1. Candidates	A. Supported	Sarah Eckhardt State S	Senator	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Sarah Ecknarut State S	Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Frederick Frazier State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

MONTHLY FI	LING GPAC F	EPORT:	PURPOSE		FORM MPAC
2 COMMITTEE NAME				13 Filer ID	Page 5 of 57 (Ethics Commission Filers)
exas Medical Association	on Political Action Com	nmittee		00015658	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Suleman Lalani State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
COMMITTEE	applicable, classify by party.)		landa labaran Otata O		
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jarvis Johnson State So	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Hillary Hickland State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	<u> </u>			

y by name or, if ble, classify by party.) B. easures be by date and of election and of issue.) B. fficeholders ssisted y by name or, if ble, classify by party.)		Craig Goldman U.S. House Tex	<b>13</b> Filer ID 00015658 as	Page 6 of 57 (Ethics Commission Filers)
andidates       A.         y by name or, if       B.         ble, classify by party.)       B.         easures       A.         bo date and       A.         of election and of issue.)       B.         fficeholders       Sisted         y by name or, if       ble, classify by party.)	<ul> <li>Supported</li> <li>Opposed</li> <li>Supported</li> </ul>	Craig Goldman U.S. House Tex	00015658	(Ethics Commission Filers)
y by name or, if ble, classify by party.) B. easures be by date and of election and of issue.) B. fficeholders sy by name or, if ble, classify by party.)	3. Opposed A. Supported	Craig Goldman U.S. House Tex	(as	
easures A. be by date and of election and of issue.) B. fficeholders ssisted y by name or, if ble, classify by party.)	A. Supported			
be by date and of election and of issue.) B. fficeholders ssisted y by name or, if ble, classify by party.)				
fficeholders ssisted y by name or, if ble, classify by party.)	3. Opposed			
ssisted y by name or, if ble, classify by party.)				
<u> </u>				
A. y by name or, if ble, classify by party.)	A. Supported	Brian Babin U.S. House Texas		
B.	B. Opposed			
easures A. be by date and of election and of issue.)	A. Supported			
B.	. Opposed			
fficeholders ssisted y by name or, if ble, classify by party.)				
Andidates A. y by name or, if ble, classify by party.)	. Supported	Brent Hagenbuch State Senator	r	
В.	. Opposed			
easures A. be by date and of election and of issue.)	. Supported			
В.	. Opposed			
fficeholders ssisted y by name or, if ble, classify by party.)				
	iceholders sisted by name or, if le, classify by party.) ndidates by name or, if le, classify by party.) B assures e by date and of election and f issue.) B iceholders sisted by name or, if	iceholders         sisted         by name or, if         le, classify by party.)         ndidates         by name or, if         le, classify by party.)         A. Supported         B. Opposed         assures         e by date and of election and fissue.)         B. Opposed         iceholders         sisted         by name or, if	B. Opposed         iceholders         sisted         by name or, if         le, classify by party.)         A. Supported Brent Hagenbuch State Senator         by name or, if         le, classify by party.)         B. Opposed         assures         e by date and of election and fissue.)         B. Opposed         B. Opposed         iceholders         sisted         by name or, if	B. Opposed         iceholders         sisted         by name or, if         le, classify by party.)         ndidates         by name or, if         le, classify by party.)         A. Supported Brent Hagenbuch State Senator         by name or, if         le, classify by party.)         B. Opposed         rasures         e by date and of election and fissue.)         B. Opposed         B. Opposed         iceholders         sisted         by name or, if

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3 7 of 57

17 COMMITTEE NAME	1	8 Filer ID	(Ethics Commission Filers)					
Texas Medical Association Political Action Committee								
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT					
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			<b>\$</b> 62,158.83					
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS		\$					
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$					
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION ( ORGANIZATION	OR LABOR	2	\$					
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM C LABOR ORGANIZATION	CORPORAT	TION OR	\$					
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LAB	BOR ORGA	NIZATION	<b>\$</b> 297.00					
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OF ORGANIZATION	R LABOR		<b>\$</b> 28,291.23					
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR	LABOR OF	RGANIZATION	\$					
9. SCHEDULE E: LOANS			\$					
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRI	BUTIONS		<b>\$</b> 53,860.13					
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$					
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CON	ITRIBUTIO	NS	\$					
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$					
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CON	ITRIBUTION	NS	\$					
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	UTIONS RE	ETURNED	\$					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/41 Rpt: 8/57
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/07/2024	Aamer Wali Janjua MD PA		\$99.0
	6 Contributor address; City; State; Zip Code		1
	Beaumont, TX 77706-2581		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/29/2024	Adler, Max F.		\$50.0
	Contributor address; City; State; Zip Code		
	Frisco, TX 75033-1406		·
	pation / Job title (See Instructions)	Employer (See Instructions	<i>i</i> )
Physician		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/05/2024	Allen, Lisa E.		\$126.0
	Contributor address; City; State; Zip Code		
	Tidor TV 75702 0120		
Dringing occu	Tyler, TX 75703-0130	Employer (See Instructions	
Physician	ipation / Job title (See Instructions)	Employer (See Instructions Self Employed	3)
-			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/20/2024	Amy Sikes MD PA		\$99.0
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79423		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	,	F 72 X	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/30/2024	An, Young C.		\$99.0
	Contributor address; City; State; Zip Code		•
	Houston, TX 77079-3512		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Physician		Houston Metropolitan A	nesthesiologist
		1	

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/41 Rpt: 9/57	
2 FILER NAME	Ē		3 Filer ID (Ethics Commission	n Filers)
Texas Med	ical Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
05/20/2024				\$99.00
	6 Contributor address; City; State; Zip Code			
	Weslaco, TX 78596-6654			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Mid Valley Family Pract	ice Associates	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/02/2024				\$55.00
	Contributor address; City; State; Zip Code			
	Flint, TX 75762-9595			
	supation / Job title (See Instructions)	Employer (See Instructions	s)	
Business O	wner	Business Owner		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Austin, Sara G.			\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-4735			
	supation / Job title (See Instructions)	Employer (See Instructions		
Physician		Seton Brain and Spine I	Institute - Neurology	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/15/2024	Bailey, Michael L.			\$33.00
	Contributor address; City; State; Zip Code		1	
	Aurora, TX 76078-4610	<u> </u>		
	supation / Job title (See Instructions)	Employer (See Instructions		
Physician		Emergency Medicine Co		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
05/02/2024	Baker, Dudley D.			\$300.00
	Contributor address; City; State; Zip Code			
D in single as	Spring, TX 77379-2917		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Northwest Women's Ce	inter	

_						
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 3/41 Rpt: 10/57	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee			00015658	·
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/30/2024	Balbuena, Luis			-	\$99.00
		6 Contributor address; City; State; Zip Code				
		Marshall, TX 75672-4610				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Physician		Marshall Health Service	s, I	nc	
	Date	Full name of contributor out-of-state PAC (ID#:	· )	Γ	Amount of Contribution (\$)	
	05/13/2024	Bazan, Carlos				\$100.00
	1	Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78213-1941				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		UT Health San Antonio			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	04/29/2024 Becker, Philip A.				\$99.00	
	Contributor address; City; State; Zip Code			1		
	ļ					
		El Paso, TX 79912-3443	1	L		
	•	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Physician		Self Employed	<del>.                                    </del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/15/2024	Benjamin, Benson Bethel				\$33.00
	ļ	Contributor address; City; State; Zip Code		]		
	ļ	Carland TV 75042 1964				
_	Dringing occu	Garland, TX 75043-1864 Ipation / Job title (See Instructions)	Employer (See Instructions			
	Physician		American Radiology Ass		viatos PA	
	-			<del></del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 20.00
	04/30/2024	Bercher, Paul Richard				\$99.00
		Contributor address; City; State; Zip Code				
		Paris, TX 75462-9533				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	د) ۲		
	Physician		Self Employed	5)		
	Гнузюци					

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 4/41 Rpt: 11/57	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	cal Association Political Action Committee		00015658	•
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
04/30/2024	<b>S</b> <sup>2</sup>			\$99.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79106-4002	<u>.</u>		
	upation / Job title (See Instructions)	9 Employer (See Instructions	S)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Berndt, Robert Barry			\$225.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77706-2554			
	upation / Job title (See Instructions)	Employer (See Instructions	,	
Physician		Anesthesia Associates	of Beaumont	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Berry-Roberts, Crystal S.			\$74.25
	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612-3902			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Austin Regional Clinic -	South OB/GYN	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/13/2024	Berryman, Robert Brian			\$99.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214-4018			
·	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Texas Oncology - Baylo	or Charles A. Sammons Cancer	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/15/2024	Bishop, Clayton			\$16.50
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78552-0134			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Ear Nose & Throat Asso	ociates of Corpus Christi	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 5/41 Rpt: 12/57
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/04/2024	Blattman, Scott E.		\$300.00
	6 Contributor address; City; State; Zip Code		1
C. Diretral assu	China Spring, TX 76633-3375		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	
Physician			y Health Clinic - Woodway
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/30/2024	Bondurant, William W.		\$99.00
	Contributor address; City; State; Zip Code		
	Galveston, TX 77551-1737		
Dringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Principal occu Physician	pation / Job lue (See instructions)	Employer (See Instructions Self Employed	5)
-			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/05/2024	Bruel, Brian M.		\$750.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002-6902		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		Cy-Pain & Spine	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/07/2024	Butler, Robert E.		\$300.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78731-3920		
	ipation / Job title (See Instructions)	Employer (See Instructions	,
Physician		Austin Ear, Nose & Thro	pat Clinic
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/15/2024	Cabrera, Leopoldo A.		\$16.50
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79424-6588		
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		Community Health Cent	ter of Lubbock

The Instruction Guide explains how to complete this form.         2       FILER NAME Texas Medical Association Political Action Committee         4       Date 05/17/2024       5       Full name of contributor out-of-state PAC (ID#:) Cardenas, Carlos Javier         6       Contributor address; City; State; Zip Code	1       Total pages Schedule A1:         Sch: 6/41 Rpt: 13/57         3       Filer ID (Ethics Commission Filers)         00015658
Texas Medical Association Political Action Committee         4       Date       5       Full name of contributor	3 Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee         4       Date       5       Full name of contributor	
05/17/2024 Cardenas, Carlos Javier	1
	) <b>7</b> Amount of Contribution (\$)
6 Contributor address; City; State; Zip Code	\$208.34
McAllen, TX 78501-3735	
8         Principal occupation / Job title (See Instructions)         9         Employer (See Instructions)	
Physician South Texas Gastro	enterology
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
04/26/2024 Chabra, Sanjay	\$99.00
Contributor address; City; State; Zip Code	
El Paso, TX 79902-3170	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Physician Self Employed	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/01/2024 Chakinala, Chandramouli	\$99.00
Contributor address; City; State; Zip Code	
Wichita Falls, TX 76308-2025	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Physician Self Employed	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
05/15/2024 Chaku, Akshay	\$33.34
Contributor address; City; State; Zip Code	
Houston, TX 77004-6846	
Principal occupation / Job title (See Instructions) Employer (See Instruct	
Physician UTMSH - Dept of Ar	lesthesiology
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
04/30/2024 Chastain, Oscar Jack	\$99.00
Contributor address; City; State; Zip Code	
Longview, TX 75604-2727	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Physician CHRISTUS Good SI	hepherd

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	The Instru	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 7/41 Rpt: 14/57	
2	FILER NAME			_	Filer ID (Ethics Commissio	on Filers)
<u> </u>		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/15/2024	Chike-Obi, Chuma J.				\$16.50
		6 Contributor address; City; State; Zip Code	1	Ϊ		
Ļ	<u></u>	Austin, TX 78704-2038		Ť		
8	•	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician		Self Employed	<u> </u>		
	Date		)	]	Amount of Contribution (\$)	_
	05/17/2024	Chun, Christopher Sung Jin				\$177.09
		Contributor address; City; State; Zip Code		]		
L		Dallas, TX 75244-7446		Ĺ		
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Epic Pain and Orthoped			
L	-					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+100.00
	05/01/2024	Church, Daniel G.				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78231-1276				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	()		
	Physician		South Texas Radiology		un. P.A.	
╞	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	05/07/2024	Cleaves, Wilbur Ratliff	)			\$100.00
	0010112024					Φ100.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78404-1734				
⊢	Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	L is)		
	Physician		Self Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	05/01/2024	Clement, John P.	/			\$1,000.00
		Contributor address; City; State; Zip Code				Ŧ ,-
		San Antonio, TX 78215-1196				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		South Texas Radiology	/ Grc	oup, P.A.	
			<u> </u>			

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 8/41 Rpt: 15/57
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	04/29/2024	Cogswell, Max Emerson		\$99.0
		6 Contributor address; City; State; Zip Code		
	<b>D</b> 1 atral and	Sherman, TX 75092-5420		<u> </u>
8		upation / Job title (See Instructions)	9 Employer (See Instructions	IS)
L	Physician			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/20/2024			\$99.0
		Contributor address; City; State; Zip Code		
		Wichita Falls, TX 76310-1787		
_	Drincinal occi	upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Acute Care Surgery Tex	
⊨	-			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/15/2024	Cooke, Becky		\$55.0
		Contributor address; City; State; Zip Code		
		Abilene, TX 79605-4906		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 IS)
	Business Ov	vner	Business Owner	
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/25/2024	Danley, Matthew R.		\$1,000.0
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76109-4605		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Baylor All Saints Medica	al Center At Fort Worth
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/05/2024	Darmadi, Daniel H.		\$74.2
		Contributor address; City; State; Zip Code		
		Houston, TX 77059-5602		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Gastroenterology Const	sultants, PA

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/41 Rpt: 16/57	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/30/2024	David E. Parkus, M.D., P.A.				\$99.00
		6 Contributor address; City; State; Zip Code		1		
		Beaumont, TX 77706				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	05/05/2024	Full name of contributor out-of-state PAC (ID#: Dishner, Emma L.	)			\$225.00
	00/00/2024			$\left  \right $		Φζζυ.υυ
		Contributor address; City; State; Zip Code				
		Dallas, TX 75205-1336				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Texas Centers for Infect	tiou	s Disease Associates	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/05/2024	Dixon, Timothy				\$225.00
		Contributor address; City; State; Zip Code		1		
	Dringing Loopu	Lubbock, TX 79424-3024		- \		
	Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions UMC Physicians	5)		
╞	-			<del>.</del>		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ኖድድ ሀህ
	04/29/2024	Doss, Sharon		-		\$55.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731-5710				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business Ov	vner	Business Owner			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/15/2024	Dossett, Lucy McCauley				\$16.50
		Contributor address; City; State; Zip Code		1		
		Roanoke, TX 76262-0619				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Self Employed			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/41 Rpt: 17/57	
<u> </u>	FILER NAME		1	2	Filer ID (Ethics Commission	- Eilore)
Ĺ		cal Association Political Action Committee			00015658	T File(3)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/05/2024	Dowling, Matt				\$74.25
		6 Contributor address; City; State; Zip Code		1		
		· · ·				
		Austin, TX 78701-1672				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Director of P	ublic Affairs, Lobbyist	Texas Medical Associati	tion		
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	04/26/2024	Dugan, John T.			• •	\$300.00
		Contributor address; City; State; Zip Code		•		
		Corpus Christi, TX 78413-2634				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	Physician	····· ,	Self Employed	-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	05/05/2024	Duke, Ezekiel L.	/			\$225.00
	03/03/2024			-		<i>Φ</i> ΖΖ <u></u> J.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79602-1171				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	Physician		Abilene Family Medical		sociates	
╞	-			7.0. T		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>*</b> 20.00
	05/09/2024	Elmore, Stephanie Hurn				\$99.00
		Contributor address; City; State; Zip Code				
		1 TV 75060 4507				
	<b>D</b> : :	Irving, TX 75062-4507		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions		tive Medicine DA	
	Physician		StarCare Family & Prev	/erit	IVE MEDICINE, PA	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	05/15/2024	Escobedo, Diana				\$16.50
		Contributor address; City; State; Zip Code		1		
		El Paso, TX 79936-3390				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Diana Escobedo MD PA	4		

Texas Medical Association Political Action Committee     00015658					
2       FileR NAME       3       Filer ID       (Ethics Commission Filers)         00015558       00015558       00015558       00015558         4       Date       5       Full name of contributor       out-of-state PAC (Dir	The Instruc	ction Guide explains how to complete this f	orm.		
Texas Medical Association Political Action Committee       00015653         4 Date       5 Full name of contributor       out of state PAC (D#	2 FILER NAME				Filers)
05/15/2024       Eskew, James R.       \$750.00         6       Contributor address; City; Stale; Zip Code       Austin, TX 78704-4630         7       Phincipal occupation / Job title (See Instructions)       Physician         Date       Full name of contributor       out-of-state PAC (D#       Austin Ear, Nose & Throat Clinic         Principal occupation / Job title (See Instructions)       Physician       Amount of Contribution (S)       \$16.50         Of/15/2024       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (S)       \$16.50         Os/15/2024       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (S)       \$16.50         Date       Date       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (S)       \$225.00         Date       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (S)       \$225.00         Principal occupation / Job title (See Instructions)       UTMSH - Dept of Emergency Medicine       \$225.00         Physician       Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$55.00         Od/26/2024       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (S)       \$55.00         Od/26/2024       Faro, Sharon       Emplo	Texas Medic	al Association Political Action Committee			
6       Contributor address; City; State: Zip Code         Austin, TX 78704-4630       Austin, TX 78704-4630         8       Principal occupation / Job title (See Instructions)       Austin Ear, Nose & Throat Clinic         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (S)         05/15/2024       Evans; Carolyn A.       Contributor address; City; State; Zip Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       North Dallas Pediatric Assoc.         Date       Full name of contributor       out-of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address: City; State; Zip Code         Austin, TX 78704-4630       9         8       Principal occupation / Job title (See Instructions)         Physician       9         Date       05/15/2024         OS/15/2024       Full name of contributor         Date       Contributor address; City; State; Zip Code         Date       Dates; TX 75287-4911         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       State; Zip Code         Date       Full name of contributor         05/05/2024       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         North Datlas Pediatric Assoc.       S225.00         Date       Full name of contributor       out-of-state PAC (ID#         O5/05/2024       Full name of contributor       out-of-state PAC (ID#         Houston, TX 77009-6605       Employer (See Instructions)       S225.00         Principal occupation / Job title (See Instructions)       UTMSH - Dept of Emergency Medicine         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         04/26/2024       Faro, Sharon       Employer (See Instructions)       S55.00	05/15/2024				\$750.00
9       Frincipal occupation / Job title (See Instructions) Physician       9       Employer (See Instructions) Austin Ear, Nose & Throat Clinic         Date       Full name of contributor       out-of-state PAC (Der					
9       Frincipal occupation / Job title (See Instructions) Physician       9       Employer (See Instructions) Austin Ear, Nose & Throat Clinic         Date       Full name of contributor       out-of-state PAC (Der					
9       Frincipal occupation / Job title (See Instructions) Physician       9       Employer (See Instructions) Austin Ear, Nose & Throat Clinic         Date       Full name of contributor       out-of-state PAC (Der					
Physician       Austin Ear, Nose & Throat Clinic         Date       Full name of contributor       out-of-state PAC (DA:       Amount of Contribution (\$)         05/15/2024       Evans, Carolyn A.       S16.50         Contributor address, City, State, Zip Code       Image: Contributor address, City, State, Zip Code       S16.50         Dallas, TX 75287-4911       Employer (See Instructions)       North Dallas Pediatric Assoc.         Principal occupation / Job title (See Instructions)       North Dallas Pediatric Assoc.       S225.00         Date       Full name of contributor       out-of-state PAC (DA:       Amount of Contribution (\$)         05/05/2024       Fairbrother, Hilary E.       S225.00         Contributor address; City, State, Zip Code       Houston, TX 77009-6605       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Ymmetry         Physician       Gutof-state PAC (DA:       Amount of Contribution (\$)       S55.00         O4/26/2024       Faro, Sharon       Employer (See Instructions)       S55.00         Date       Full name of contributor       Gutof-state PAC (DA:       Mount of Contribution (\$)         05/17/2024       Full name of contributor       Gutof-state PAC (DA:       Mount of Contribution (\$)         05/17/2024       Full	2 Dringing oppu			l .	
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$16.50         05/15/2024       Evans, Carolyn A.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$16.50         Principal occupation J Job title (See Instructions)       Employer (See Instructions)       North Dallas Pediatric Assoc.         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$225.00         Difference       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$225.00         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$225.00         Principal occupation / Job title (See Instructions)       UTMSH - Dept of Emergency Medicine       \$255.00         Date       Full name of contributor       out-of-state PAC (ID#		pation / Job title (See Instructions)			
05/15/2024       Evans, Carolyn A.       \$16.50         Contributor address; City; State; Zip Code       Dallas, TX 75287-4911       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       North Dallas Pediatric Assoc.         Date       Full name of contributor       out-of-state PAC (IDer	-				
Contributor address; City; State; Zip Code         Dallas, TX 75287-4911         Principal occupation / Job title (See Instructions)         Physician         Date         05/05/2024         Fairbrother, Hilary E.         Contributor address; City; State; Zip Code         Houston, TX 77009-6605         Principal occupation / Job title (See Instructions)         Physician         Date         Principal occupation / Job title (See Instructions)         Physician         Date         O4/26/2024         Fairbrother, Hilary E.         Contributor address; City; State; Zip Code         Houston, TX 77009-6605         Principal occupation / Job title (See Instructions)         Physician         Date         Q4/26/2024         Fairo, Sharon         Contributor address; City; State; Zip Code         Houston, TX 77005-2745         Principal occupation / Job title (See Instructions)         Business Owner         Date         05/17/2024         Faulkner, Jeffrey A.         Contributor address; City; State; Zip Code         Floresville, TX 78114-9237         Principal occupation / Job titite (See Instructions)         Businees			)	Amount of Contribution (\$)	*10 FO
Dallas, TX 75287-4911       Employer (See Instructions) North Dallas Pediatric Assoc.         Physician       Job title (See Instructions) Physician       Month Dallas Pediatric Assoc.         Date       Full name of contributor of contributor of contributor of contributor address; City; State; Zip Code       Amount of Contribution (\$) \$225.00         Date       Full name of contributor of contributor of contributor address; City; State; Zip Code       Amount of Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions) UTMSH - Dept of Emergency Medicine         Date       Full name of contributor of out-of-state PAC (ID#:	05/15/2024				\$16.50
Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) North Dallas Pediatric Assoc.         Date       Full name of contributor       out-of-state PAC (ID#:		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) North Dallas Pediatric Assoc.         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) North Dallas Pediatric Assoc.         Date       Full name of contributor       out-of-state PAC (ID#:		Dallas, TX 75287-4911			
Physician       North Dallas Pediatric Assoc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Fairbrother, Hilary E.       \$225.00         Contributor address; City; State; Zip Code       Fairbrother, Hilary E.       \$225.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$225.00         Physician       Full name of contributor       out-of-state PAC (ID#:	Principal occu		Employer (See Instructions	<u> </u>	
05/05/2024       Fairbrother, Hilary E.       \$225.00         Contributor address; City; State; Zip Code       \$225.00         Houston, TX 77009-6605       Employer (See Instructions)         Physician       UTMSH - Dept of Emergency Medicine         Date       Full name of contributor       out-of-state PAC (ID#;				,	
05/05/2024       Fairbrother, Hilary E.       \$225.00         Contributor address; City; State; Zip Code       \$225.00         Houston, TX 77009-6605       Employer (See Instructions)         Physician       UTMSH - Dept of Emergency Medicine         Date       Full name of contributor       out-of-state PAC (ID#;	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City, State; Zip Code         Houston, TX 77009-6605         Principal occupation / Job title (See Instructions)         Physician         Date         04/26/2024         Faro, Sharon         Contributor address; City, State; Zip Code         Houston, TX 77005-2745         Principal occupation / Job title (See Instructions)         Date         Principal occupation / Job title (See Instructions)         Business Owner         Date         Date         Houston, TX 77005-2745         Principal occupation / Job title (See Instructions)         Business Owner         Date         O5/17/2024         Faulkner, Jeffrey A.         Contributor address; City, State; Zip Code         Floresville, TX 78114-9237         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Floresville, TX 78114-9237					\$225.00
Houston, TX 77009-6605       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       UTMSH - Dept of Emergency Medicine         Date       Full name of contributor       out-of-state PAC (ID#:)         04/26/2024       Faro, Sharon       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77005-2745       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owner       Business Owner         Date       Full name of contributor out-of-state PAC (ID#:)         O5/17/2024       Faulkner, Jeffrey A.         Contributor address; City; State; Zip Code				4	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         UTMSH - Dept of Emergency Medicine         Date       Full name of contributor       out-of-state PAC (ID#:)         04/26/2024       Faro, Sharon       \$55.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77005-2745       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owner       Business Owner         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Faulkner, Jeffrey A.       \$99.00         Contributor address; City; State; Zip Code       Floresville, TX 78114-9237       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         UTMSH - Dept of Emergency Medicine         Date       Full name of contributor       out-of-state PAC (ID#:)         04/26/2024       Faro, Sharon       \$55.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77005-2745       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owner       Business Owner         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Faulkner, Jeffrey A.       \$99.00         Contributor address; City; State; Zip Code       Floresville, TX 78114-9237       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00					
Physician       UTMSH - Dept of Emergency Medicine         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/26/2024       Faro, Sharon       \$55.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Business Owner         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Floresville, TX 78114-9237       Employer (See Instructions)       Employer (See Instructions)					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/26/2024       Faro, Sharon       \$55.00         Contributor address; City; State; Zip Code       Houston, TX 77005-2745       \$55.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Business Owner         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Floresville, TX 78114-9237       Floresville, TX 78114-9237       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		pation / Job title (See Instructions)			
04/26/2024       Faro, Sharon       \$55.00         Contributor address; City; State; Zip Code          Houston, TX 77005-2745       Employer (See Instructions)         Business Owner       Business Owner         Date       Full name of contributor       out-of-state PAC (ID#:)         05/17/2024       Faulkner, Jeffrey A.       Amount of Contribution (\$)         S99.00       Floresville, TX 78114-9237       \$mployer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owner       Floresville, TX 78114-9237       Amount of Contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Physician		UTMSH - Dept of Emerg	gency Medicine	
Contributor address; City; State; Zip Code         Houston, TX 77005-2745         Principal occupation / Job title (See Instructions)         Business Owner         Date         Full name of contributor         05/17/2024         Faulkner, Jeffrey A.         Contributor address; City; State; Zip Code         Floresville, TX 78114-9237         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Business Owner			)	Amount of Contribution (\$)	
Houston, TX 77005-2745       Employer (See Instructions) Business Owner         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Faulkner, Jeffrey A.       Amount of Contribution (\$)         05/17/2024       Faulkner, Jeffrey A.       \$99.00         Floresville, TX 78114-9237       Floresville (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00	04/26/2024				\$55.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owner       Business Owner         Date       Full name of contributor out-of-state PAC (ID#:)         05/17/2024       Faulkner, Jeffrey A.         Contributor address; City; State; Zip Code       \$99.00         Floresville, TX 78114-9237       Fmoloyer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owner       Business Owner         Date       Full name of contributor out-of-state PAC (ID#:)         05/17/2024       Faulkner, Jeffrey A.         Contributor address; City; State; Zip Code       \$99.00         Floresville, TX 78114-9237       Fmoloyer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owner       Business Owner         Date       Full name of contributor out-of-state PAC (ID#:)         05/17/2024       Faulkner, Jeffrey A.         Contributor address; City; State; Zip Code       \$99.00         Floresville, TX 78114-9237       Fmoloyer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Houston TX 77005-2745			
Business Owner       Business Owner         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Faulkner, Jeffrey A.       \$99.00         Contributor address; City; State; Zip Code       Floresville, TX 78114-9237       Full out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	Principal occu		Employer (See Instructions	<u> </u>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Faulkner, Jeffrey A.       \$99.00         Contributor address; City; State; Zip Code       Floresville, TX 78114-9237         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				<i>')</i>	
05/17/2024 Faulkner, Jeffrey A. \$99.00 Contributor address; City; State; Zip Code Floresville, TX 78114-9237 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Floresville, TX 78114-9237         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			/		\$99.00
Floresville, TX 78114-9237       Principal occupation / Job title (See Instructions)       Employer (See Instructions)			,		***
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Floresville, TX 78114-9237			
Physician Self Employed	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
·	Physician		Self Employed		

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 12/41 Rpt: 19/57	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Texas Medic	cal Association Political Action Committee		00015658	
4 Date 04/30/2024	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	\$1,000.00
04/30/2024	Finnell, Christopher W.			Φ1,000.00
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4441			
		C Employer (Coolectructions	<u> </u>	
Physician	pation / Job title (See Instructions)	9 Employer (See Instructions United Regional Physici		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Fite, Diana L.			\$1,875.00
	Contributor address; City; State; Zip Code			
	Magnolia, TX 77355-2224		\	
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions ER Katy	s)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Fleeger, David C.	)		\$1,875.00
	Contributor address; City; State; Zip Code			. ,
	Austin, TX 78733-1020			
	pation / Job title (See Instructions)	Employer (See Instructions		
Physician		Texas Colon & Rectal S	pecialists - Austin South	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/15/2024	Flippin, Mindee Suzann Contributor address; City; State; Zip Code			\$33.00
	Frisco, TX 75035-5755			
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed		
-	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (*)	
Date 05/05/2024	Full name of contributor out-of-state PAC (ID#: Flores, John Gerard	)	Amount of Contribution (\$)	\$1,875.00
05/05/2024	Contributor address; City; State; Zip Code			ΦΙ,075.00
	Carrollton, TX 75010-1144			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Self Employed		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/41 Rpt: 20/57	
	FILER NAME		1	2	Filer ID (Ethics Commissio	n Eilare)
		cal Association Political Action Committee			00015658	
4 [	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
(	05/07/2024	Franklin Leory Casey, MD PA				\$1,000.00
		6 Contributor address; City; State; Zip Code				
	1	Dallas, TX 75231				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
(	05/05/2024	Fuller, Deborah A.				\$1,500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230-2221				
I	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Dallas Obstetric & Gyne	eco	logic Association, PA	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
(	05/15/2024	Garza, Carmen T.				\$16.50
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78229-4733				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Alamo Heights Pediatric	s		
-	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
(	05/15/2024	Gasper, Stephen G. Contributor address; City; State; Zip Code				\$33.00
		Carrollton, TX 75010-4901				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
(	05/05/2024	George, Emily H.				\$225.00
		Contributor address; City; State; Zip Code				
	1	College Station, TX 77845-6440				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Baylor Scott & White Cli	inic	-College Station	

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 14/41 Rpt: 21/57	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/20/2024	Gerteisen, Martha F.				\$99.00
	1	6 Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		Pearland, TX 77584-6749				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician	,	Houston Methodist Prim	nary	Care Group - Pearland	
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	05/06/2024	Gilcrease, Gary L.				\$99.00
	I	Contributor address; City; State; Zip Code	,	•		
	I					
	I	1				
	I	San Antonio, TX 78209-4633				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
	Physician	,	Self Employed			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	05/05/2024	Gonzalez, Victor Hugo	/			\$2,500.00
	00/00/202	Contributor address; City; State; Zip Code		·		Ψ2,000.00
	I	Contributor address, City, State, Zip Code				
	I	1				
	I	McAllen, TX 78504-6089				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Physician		Valley Retina Institute, F			
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	05/15/2024	Gray, Blanca Lucia	/		Allount of Contribution (\$)	\$16.50
	00/10/2027	-				Ψ10.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Corpus Christi, TX 78418-7600				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ر)</u>		
	Physician		Cano Health-Corpus Ch		i	
╞	-					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	A750.00
	05/05/2024	Green, Mary K.				\$750.00
	l	Contributor address; City; State; Zip Code				
	l	1				
	I					
L		Marble Falls, TX 78654-7853				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Mary Kelly Green, M.D.,	, PL	LC	
1						

L						
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/41 Rpt: 22/57	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#		7	Amount of Contribution (\$)	
	05/05/2024	Greer, T. David				\$300.00
		6 Contributor address; City; State; Zip Code		"		
		Harristo TV 7696E 2006				
Q	Drincinal OCCI	Henrietta, TX 76365-3226 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Physician		T. David Greer MD and		sociates	
	Date	Full name of contributor Out-of-state PAC (ID#		T	Amount of Contribution (\$)	
	05/16/2024	Full name of contributor out-of-state PAC (ID#: Guirl, Jennifer	·)			\$55.00
	03/10/2027					φυσιου
		Contributor address; City; State; Zip Code				
		Shavano Park, TX 78230-5635				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L S)		
	Business Ov		Business Owner			
	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	05/05/2024	Gunn, Nadege T.				\$74.25
		Contributor address; City; State; Zip Code				
		Mc Gregor, TX 76657-4160	-			
	•	upation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Physician		Self Employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#	)	T	Amount of Contribution (\$)	
	05/01/2024	Gurian, John H.				\$450.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78230-5651				
$\vdash$	Drincinal OCCI	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		South Texas Radiology			
$\vdash$	-				-	
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#)	:)		Amount of Contribution (\$)	\$99.00
	05/24/2024	Gutierrez, Ana C.				<b>ቅ</b> ዓ <u>ግ</u> .ቦቦ
		Contributor address; City; State; Zip Code				
		Rancho Viejo, TX 78575-9707				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Ana C. Gutierrez, MD P.	۶A		
┢						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 16/41 Rpt: 23/57	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
	05/05/2024	Hair, Barbara M.				\$74.25
		6 Contributor address; City; State; Zip Code		1		
		Mc Gregor, TX 76657-3771	-			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician		Self Employed	-		
	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	—
	05/13/2024	Haley, Stephanie				\$55.00
		Contributor address; City; State; Zip Code		]		
		Dallas TV 75220 5407				
┝	Dringing occu	Dallas, TX 75230-5407 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Business Ov	,	Business Owner	5)		
				T	1	
	Date 05/02/2024	Full name of contributor Out-of-state PAC (ID# Hancher, Tom B.	·:)		Amount of Contribution (\$)	\$300.00
	05/02/2024			•		φ300.00
		Contributor address; City; State; Zip Code				
		Columbus, TX 78934-2012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#	+:)	Γ	Amount of Contribution (\$)	
	05/17/2024	Harman, Louis E.				\$300.00
		Contributor address; City; State; Zip Code		1		
	Drive in all a servi	Dallas, TX 75230-4120		Ĺ		
	Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
╘	-			1		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	ተርር በብ
	04/30/2024	Harrison, Catherine L.				\$55.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75703-1127				
┝	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Business Ov		Business Owner	-,		
-						

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 17/41 Rpt: 24/57	
2 FILER NAME	 E		<b>3</b> Filer ID (Ethics Commission	Filers)
	lical Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
05/01/2024	Heaven, Ralph F.			\$300.00
	6 Contributor address; City; State; Zip Code		1	
	Abilana TV 70600 6406			
• Drincinal occ	Abilene, TX 79608-6486 cupation / Job title (See Instructions)	9 Employer (See Instructions	~	
Physician		Texas Oncology - Abiler		
			-	
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	¢100.00
04/29/2024				\$100.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79407-2121			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician		Self Employed	-,	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/02/2024				\$201.00
	Contributor address; City; State; Zip Code		•	
	Houston, TX 77027-3712			
	cupation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Kelsey-Seybold Clinic		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Ho, Michelle May			\$750.00
	Contributor address; City; State; Zip Code		]	
	Dallas, TX 75209-2026			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physician			9) Health Partners - Park Citie	
-	Full name of contributor Out-of-state PAC (ID#:			
Date 05/17/2024		)	Amount of Contribution (\$)	\$208.34
00/11/202	Contributor address; City; State; Zip Code			Ψ200.0-
	Contributor address, City, State, Zip Code			
	Waco, TX 76712-7565			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	1S)	
Physician		Self Employed		

Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contributor out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         05/02/2024       6 Contributor address; City; State; Zip Code       \$2,500.00         Lubbock, TX 79424-1471       1						
2       FLER NAME       3       Filer ID       (Elitics Commission Filers)         4       Date       5       Full name of contributor       out of state PAC (IDF,	The Instrue	ction Guide explains how to complete this f	form.	1		
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contributor       out-of-state PAC (D#	2 FILER NAME			3	-	on Filers)
05/02/2024       Hughes Bass, Ann C.       \$2,500.00         6       Contributor address; City; State: Zip Code       \$2,500.00         1       Lubbock, TX 79424-1471       9       Employer (See Instructions)         Physician       9       Employer (See Instructions)       UMC Physicians         Date       05/17/2024       Full name of contributor       out-of-state PAC (De:		al Association Political Action Committee				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
6       Contributor address; City: State; Zip Code         Lubbock, TX 79424-1471       9         B       Principal occupation / Job title (See Instructions)         Date       G5/17/2024         Full name of contributor       ou-of-state PAC (IDI:         UMC Physicians       Amount of Contribution (S)         S208.34         O5/17/2024       Full name of contributor         Helotes, TX 78023-4492         Principal occupation / Job title (See Instructions)         Physician         Date         05/17/2024         Full name of contributor         Isaacson, Terah C.         Contributor address; City: State; Zip Code         Houston, TX 7709-7753         Principal occupation / Job title (See Instructions)         Physician         Date         O4/28/2024         Pull name of contributor         Out-of-state PAC (IDI:         Houston, TX 7709-7753         Employer (See Instructions)         Physician         Date         O4/28/2024         Jacinto, Rochelle C.         Contributor address; City; State; Zip Code         Levelland, TX 7936-8012         Principal occupation / Job titile (See Instructions)	05/02/2024					\$2,500.00
8       Principal occupation / Job title (See Instructions) Physician       9       Employer (See Instructions) UMC Physicians         Date 05/17/2024       Full name of contributor       out-of-state PAC (Def:) Amount of Contribution (\$)       \$208.34         D5/17/2024       Humphreys, James Loyd       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$208.34         Principal occupation / Job title (See Instructions) Physician       Precision Pathology       Amount of Contribution (\$)       \$208.34         Date 05/17/2024       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$177.09         Date 05/17/2024       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$177.09         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) Bayou City Surgical Specialists, PLLC       \$177.09         Date 04/28/2024       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code				1		
8       Principal occupation / Job title (See Instructions) Physician       9       Employer (See Instructions) UMC Physicians         Date 05/17/2024       Full name of contributor       out-of-state PAC (Def:) Amount of Contribution (\$)       \$208.34         D5/17/2024       Humphreys, James Loyd       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$208.34         Principal occupation / Job title (See Instructions) Physician       Precision Pathology       Amount of Contribution (\$)       \$208.34         Date 05/17/2024       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$177.09         Date 05/17/2024       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$177.09         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) Bayou City Surgical Specialists, PLLC       \$177.09         Date 04/28/2024       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code						
8       Principal occupation / Job title (See Instructions) Physician       9       Employer (See Instructions) UMC Physicians         Date 05/17/2024       Full name of contributor       out-of-state PAC (Def:) Amount of Contribution (\$)       \$208.34         D5/17/2024       Humphreys, James Loyd       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$208.34         Principal occupation / Job title (See Instructions) Physician       Precision Pathology       Amount of Contribution (\$)       \$208.34         Date 05/17/2024       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$177.09         Date 05/17/2024       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$177.09         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) Bayou City Surgical Specialists, PLLC       \$177.09         Date 04/28/2024       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code						
Physician       UMC Physicians         Date       Full name of contributor       out-of-state PAC (D2/ Humphreys, James Loyd       Amount of Contribution (\$) S208.34         05/17/2024       Helotes, TX 78023-4492       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Precision Pathology         Physician       Full name of contributor       out-of-state PAC (D2/ Precision Pathology       Amount of Contribution (\$) Precision Pathology         Date       Full name of contributor       out-of-state PAC (D2/ Contributor address; City; State; Zip Code       Amount of Contribution (\$) S177.09         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$177.09         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$177.09         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$177.09         Physician       Guto-of-state PAC (D2/ Jacinto, Rochelle C.       Amount of Contribution (\$) Jacinto, Rochelle C.       Amount of Contribution (\$) S99.00         Oate       Full name of contributor       Out-of-state PAC (D2/ Jacinto, Rochelle C.       Amount of Contribution (\$) S99.00         Date       Full name of contributor       Out-of-state PAC (D2/ Jackson, Robert E.       Amount of Contribution (\$) S2,750.00         Date       Full name of contributor			-			
Date       Full name of contributor       out-of-state PAC (ID#		pation / Job title (See Instructions)		3)		
05/17/2024       Humphreys, James Loyd       \$208.34         Contributor address; City; State; Zip Code       Full name of contributor       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Precision Pathology         Date       Full name of contributor       out-of-state PAC (ID#:	Physician		UMC Physicians			
Contributor address; City; State; Zip Code         Helotes, TX 78023-4492         Principal occupation / Job title (See Instructions)         Physician         Date         05/17/2024         Isaacson, Terah C.         Contributor address; City; State; Zip Code         Houston, TX 77009-7753         Principal occupation / Job title (See Instructions)         Bayou City Surgical Specialists, PLLC         Date         Od/28/2024         Jacinto, Rochelle C.         Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)         Bayou City Surgical Specialists, PLLC         Date       Full name of contributor         O4/28/2024       Jacinto, Rochelle C.         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         S99.00       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Out-of-state PAC (ID#         O5/05/2024       Full name of contributor         Otoristate PAC (I	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Helotes, TX 78023-4492       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Precision Pathology         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/17/2024       Full name of contributors; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$177.09         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$177.09         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$399.00         O4/28/2024       Full name of contributor out-of-state PAC (ID#:	05/17/2024	Humphreys, James Loyd				\$208.34
Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) Precision Pathology         Date       Full name of contributor       out-of-state PAC (D#:		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) Precision Pathology         Date       Full name of contributor       out-of-state PAC (D#:						
Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) Precision Pathology         Date       Full name of contributor       out-of-state PAC (D#:						
Physician       Precision Pathology         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Isaacson, Terah C.						
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/17/2024       Isaacson, Terah C.       \$177.09         Contributor address; City; State; Zip Code       Houston, TX 77009-7753       Employer (See Instructions)         Physician       Employer (See Instructions)       Bayou City Surgical Specialists, PLLC         Date       Full name of contributor       out-of-state PAC (ID#:		pation / Job title (See Instructions)		3)		
05/17/2024       Isaacson, Terah C.       \$177.09         Contributor address; City; State; Zip Code       Houston, TX 77009-7753       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Bayou City Surgical Specialists, PLLC         Date       Full name of contributor out-of-state PAC (ID#;       Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code	Physician		Precision Pathology			
Contributor address; City; State; Zip Code         Houston, TX 77009-7753         Principal occupation / Job title (See Instructions)         Physician         Date         04/28/2024         Jacinto, Rochelle C.         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Date         Principal occupation / Job title (See Instructions)         Physician         Date         05/05/2024         Jackson, Robert E.         Contributor address; City; State; Zip Code         Manue of contributor         Out-of-state PAC (ID#:         UMC Physicians         Date         Full name of contributor         Out-of-state PAC (ID#:         Jackson, Robert E.         Contributor address; City; State; Zip Code         Houston, TX 77030-3619         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
Houston, TX 77009-7753       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/28/2024       Jacinto, Rochelle C.	05/17/2024	Isaacson, Terah C.				\$177.09
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/28/2024       Jacinto, Rochelle C.       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Physician       Levelland, TX 79336-8012       Employer (See Instructions)       \$99.00         Physician       UMC Physicians       UMC Physicians       \$99.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Houston, TX 77030-3619       Houston, TX 77030-3619       Employer (See Instructions)       \$2,750.00		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/28/2024       Jacinto, Rochelle C.						
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/28/2024       Jacinto, Rochelle C.						
Physician       Bayou City Surgical Specialists, PLLC         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/28/2024       Jacinto, Rochelle C.       \$99.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Physician       UMC Physicians       UMC Physicians         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Houston, TX 77030-3619       Employer (See Instructions)       \$2,750.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2,750.00						
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/28/2024       Jacinto, Rochelle C.       \$99.00         Contributor address; City; State; Zip Code       Levelland, TX 79336-8012       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Jackson, Robert E.       \$2,750.00         Contributor address; City; State; Zip Code       Houston, TX 77030-3619       \$2,750.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2,750.00		pation / Job title (See Instructions)				
04/28/2024       Jacinto, Rochelle C.       \$99.00         Contributor address; City; State; Zip Code	Physician		Bayou City Surgical Spe	30126	alists, PLLC	
Contributor address; City; State; Zip Code         Levelland, TX 79336-8012         Principal occupation / Job title (See Instructions)         Physician         Date         Full name of contributor         Out-of-state PAC (ID#:)         Jackson, Robert E.         Contributor address; City; State; Zip Code         Houston, TX 77030-3619         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         UMC Physicians	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Levelland, TX 79336-8012         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) UMC Physicians         Date       Full name of contributor on out-of-state PAC (ID#:)         05/05/2024       Jackson, Robert E. Contributor address; City; State; Zip Code         Houston, TX 77030-3619       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	04/28/2024	Jacinto, Rochelle C.				\$99.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       UMC Physicians         Date       Full name of contributor out-of-state PAC (ID#:)         05/05/2024       Jackson, Robert E.         Contributor address; City; State; Zip Code       \$2,750.00         Houston, TX 77030-3619       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       UMC Physicians         Date       Full name of contributor out-of-state PAC (ID#:)         05/05/2024       Jackson, Robert E.         Contributor address; City; State; Zip Code       \$2,750.00         Houston, TX 77030-3619       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       UMC Physicians         Date       Full name of contributor out-of-state PAC (ID#:)         05/05/2024       Jackson, Robert E.         Contributor address; City; State; Zip Code       \$2,750.00         Houston, TX 77030-3619       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						
Physician     UMC Physicians       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/05/2024     Jackson, Robert E.     \$2,750.00       Contributor address; City; State; Zip Code     Houston, TX 77030-3619     \$2,750.00       Principal occupation / Job title (See Instructions)     Employer (See Instructions)			1	Ļ		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/05/2024       Jackson, Robert E.       \$2,750.00         Contributor address; City; State; Zip Code       Houston, TX 77030-3619         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		pation / Job title (See Instructions)		;)		
05/05/2024 Jackson, Robert E. \$2,750.00 Contributor address; City; State; Zip Code Houston, TX 77030-3619 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Physician		UMC Physicians	_		
Contributor address; City; State; Zip Code         Houston, TX 77030-3619         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	Γ	Amount of Contribution (\$)	
Houston, TX 77030-3619       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	05/05/2024	Jackson, Robert E.				\$2,750.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
			1	Ļ		
Physician Robert E Jackson, MD PA		pation / Job title (See Instructions)				
	Physician		Robert E Jackson, MU H	<sup>5</sup> А		

			1 Tatal nama Cahadula A1.
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/41 Rpt: 26/57
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Medic	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/15/2024	Jacobson, Leah Hanselka		\$16.50
	6 Contributor address; City; State; Zip Code		1
	San Antonio, TX 78209-3302	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	,
Physician		Personal Pediatrics by L	1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/05/2024			\$750.00
	Contributor address; City; State; Zip Code		
	Frisco, TX 75033-7332		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Physician		Bryan G Johnson MD P	
	Full name of contributor Out-of-state PAC (ID#:		
Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:] Johnson, Mark Lynn	)	Amount of Contribution (\$) \$1,000.00
03/12/2027			φ1,000.00
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712-8823		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		Mid Tex Anesthesia Ass	sociates
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/07/2024	Jones, Robert L.		\$99.00
	Contributor address; City; State; Zip Code		1
Division	San Antonio, TX 78215-1930	1 _ /0	Į
	upation / Job title (See Instructions)	Employer (See Instructions Skin by Design Dermato	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/17/2024	Jumper, Cynthia Ann		\$208.34
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79424-5001		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician		Self Employed	<i>"</i>
,			

The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 20/41 Rpt: 27/57
2 FILER NAME	<u></u>		<b>3</b> Filer ID (Ethics Commission Filers)
	- ical Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/07/2024	- ,		\$300.0
	6 Contributor address; City; State; Zip Code		1
	San Antonio, TX 78240-3903	-	
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		Methodist Physician Pra	actices
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/14/2024	Kadesky, Angela S.		\$55.0
	Contributor address; City; State; Zip Code		1
D in single and	Dallas, TX 75225-1627		<u> </u>
Principal occu Business O	upation / Job title (See Instructions)	Employer (See Instructions Business Owner	\$)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/26/2024			\$99.0
	Contributor address; City; State; Zip Code		
	Crockett, TX 75835-2256		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		Self Employed	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/15/2024		/	\$99.0
	Contributor address; City; State; Zip Code		•
	Nacogdoches, TX 75961		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/05/2024	King, David Tyler		\$225.0
	Contributor address; City; State; Zip Code		1
	Laredo, TX 78045-7174	-	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Physician		Self Employed	
1			

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 21/41 Rpt: 28/57
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	04/30/2024	Kohli, Gurneet Singh		\$300.00
		6 Contributor address; City; State; Zip Code		
		Austin, TX 78739-2121		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ls)
	Physician		Premier Family Physicia	ians - Medical Village
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	04/30/2024	Krambeer, Chelsey Julieann		\$40.00
		Contributor address; City; State; Zip Code		
		Jacksonville Beach, FL 32250-6578		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 IS)
	Physician		Self Employed	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/06/2024	Kressin, Megan K.		\$99.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78756-1624		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Clinical Pathology Asso	ociates
	Date	Full name of contributor out-of-state PAC (ID#:	<u>.                                    </u>	Amount of Contribution (\$)
	05/05/2024	Krohn, Karl L.		\$225.00
		Contributor address; City; State; Zip Code		
		Lufkin, TX 75904-5380		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Physicians of East Texa	as, LLP
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
	05/08/2024	Kumar, Pradeep		\$1,000.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78703-3101		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Austin Gastroenterology	łУ

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 22/41 Rpt: 29/57
2	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Texas Medic	al Association Political Action Committee	00015658	
4	Date 5 Full name of contributor out-of-state PAC (ID#: )			7 Amount of Contribution (\$)
	05/05/2024	Kumar, Umesh		\$74.
		6 Contributor address; City; State; Zip Code		
		McKinney, TX 75070-7342		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
	Physician		Self Employed	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/05/2024	Kupperman, Wyatt		\$74.
		Contributor address; City; State; Zip Code		
		Houston, TX 77098-4306		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Physician		Baylor College of Medic	ine - Physical Medicine & R
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/01/2024	Lao, Jordan Vicente		\$500.
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78209-2814		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	Physician		South Texas Radiology	Group, P.A.
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/07/2024	Le Pere, Vicky		\$55.
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78209-1829		
		pation / Job title (See Instructions)	Employer (See Instructions	6)
	Business Ov	vner	Business Owner	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/15/2024	Lee, Chevy Chu		\$225.
		Contributor address; City; State; Zip Code		
		McAllen, TX 78501-1106		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Self Employed	

	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 23/41 Rpt: 30/57	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
<u> </u>		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor Out-of-state PAC (I	ID#:)	7	Amount of Contribution (\$)	
	05/05/2024	Lewis, C. Turner				\$225.00
	1	6 Contributor address; City; State; Zip Code		"		
		Dallas, TX 75230-2360				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	 າຣ)		
	Physician		Lone Star Pediatrics			
╞	-			<del>—</del>	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	<b>*1</b> 000 00
	04/29/2024					\$1,000.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78412-2615				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Physician		Ear Nose & Throat Asso	socia	tes of Corpus Christi	
⊨	Date	Full name of contributor Out-of-state PAC (I	ID#:)	Τ	Amount of Contribution (\$)	
	05/13/2024	Lopez-Guerra, Alicia M.				\$99.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78748-4501				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 )		
	Physician		Self Employed	15)		
╘	-			<del>—</del>		
	Date	Full name of contributor out-of-state PAC (I	.D#:)		Amount of Contribution (\$)	
	05/14/2024	Lyles, Boyd Daryl				\$100.00
	1	Contributor address; City; State; Zip Code		"]		
	I	Dallas, TX 75367-0689				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Physician		Self Employed			
⊨	Date	Full name of contributor Out-of-state PAC (I	 	Τ	Amount of Contribution (\$)	
	05/13/2024	Mackey, David C.				\$1,000.00
	00,10,2	-				Ψ±,000
		Contributor address; City; State; Zip Code				
		Mast Liniversity Place TV 77005 1022				
L		West University Place, TX 77005-1022		<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Physician		MD Anderson Cancer C	Cent	er	
1						

	The Instru	ction Guide explains how to complete this	s form.		Total pages Schedule A1: Sch: 24/41 Rpt: 31/57	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor Out-of-state PAC (ID	D#:)	7	Amount of Contribution (\$)	
	05/12/2024	Malik, Azhar Ali				\$25.00
	I	6 Contributor address; City; State; Zip Code		···		
	I					
	I					
		Victoria, TX 77904-1658				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Physician		Victoria Kidney & Dialys	sis A	ssociates	
F	Date	Full name of contributor out-of-state PAC (ID	D#:)	Τ	Amount of Contribution (\$)	
	05/15/2024	Mallet, Maryrita K.				\$75.25
	I					
	I					
	I					
	I	Weatherford, TX 76086-6548				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1S)		
	Physician		Maryrita Kaiser Mallet, I	MD I	PA	
⊨	Date	Full name of contributor Out-of-state PAC (ID	<u> </u>	Τ	Amount of Contribution (\$)	
	05/11/2024	Margolis, Wayne Scott	····,		,	\$99.00
	00,11,1	Contributor address; City; State; Zip Code				<b>T - -</b> -
	I					
	I					
	I	Nederland, TX 77627-4800				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 1S)		
	Physician		Baptist Physician Netwo			
╞	Date	Full name of contributor Out-of-state PAC (ID			Amount of Contribution (\$)	
	05/09/2024	Martin, Randall P.	)#)			\$150.00
	03/03/2027					Φ100.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Arlington, TX 76016-2056				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Physician		USAP	15)		
	-			<del></del>		
	Date	Full name of contributor out-of-state PAC (ID	)#:)		Amount of Contribution (\$)	
	04/29/2024	Mastrogiovanni, Sarah K.				\$99.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	1				
		Dallas, TX 75230-2613				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Physician		North Texas Preferred H	Heal	th Partners - Plano	

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 25/41 Rpt: 32/57
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
-		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of Contribution (\$)
	05/05/2024	Matthews, Walter Mark		\$74.25
		6 Contributor address; City; State; Zip Code		
		Woodway, TX 76712-7565		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Physician		Self Employed	
Γ	Date	Full name of contributor out-of-state PAC (ID#	!:)	Amount of Contribution (\$)
	05/05/2024	McGlennon, Matthew Ryan		\$99.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77021-1162		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Baylor College of Medic	cine - Resident/Fellows
Γ	Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
	05/05/2024	McKinley, Steven H.		\$225.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78731-1243		
		upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Eye Institute of Austin	
F	Date	Full name of contributor out-of-state PAC (ID#	······································	Amount of Contribution (\$)
	05/01/2024	Mehta, Amit		\$1,000.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78209-2859		
Γ		ipation / Job title (See Instructions)	Employer (See Instructions	
	Physician		South Texas Radiology	Group, P.A.
F	Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
	05/17/2024	Monday, Kimberly E.		\$208.34
		Contributor address; City; State; Zip Code		
		Houston, TX 77005-3318		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		UTMSH - Dept of Neuro	ology
⊢				

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 26/41 Rpt: 33/57	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	ı Filers)
Texas Medic	cal Association Political Action Committee		00015658	
4 Date 05/25/2024	5 Full name of contributorout-of-state PAC (ID#: Morgan, Steven Braxton	)	7 Amount of Contribution (\$)	\$300.00
0012012027	6 Contributor address; City; State; Zip Code			Ψ000.00
	Allen, TX 75013-4623			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Physician		Total Orthopedics Sports	s & Spine	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/05/2024	Muse, Kenisha Webb			\$126.00
	Contributor address; City; State; Zip Code			
	Cultinution address, City, State, Zip Code			
	Temple, TX 76502-5873			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician		Scott & White Memorial	Hospital	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/15/2024	Neville, Richard Burke		• •	\$16.50
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76110-2615			
	pation / Job title (See Instructions)	Employer (See Instructions		
Physician		Arlington Emergency Me	edicine Associates	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/30/2024	Newman, Terry S.			\$99.00
	Contributor address; City; State; Zip Code			
	Webster, TX 77598-7843			
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Village Medical	;)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Newman, Terry S.			\$126.00
	Contributor address; City; State; Zip Code			
	Webster, TX 77598-7843			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician		Village Medical		

7	The Instru	ction Guide explains how to complete t	this fo	rm.	1	Total pages Schedule A1: Sch: 27/41 Rpt: 34/57	
<b>2</b> F	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee				00015658	
<b>4</b> C	Date	5 Full name of contributor out-of-state PAC	C (ID#:	)	7	Amount of Contribution (\$)	
(	05/07/2024	Nieto, David M.		I			\$300.00
	I	6 Contributor address; City; State; Zip Code			1		
	l	1		I			
		Decrete TV 76969_1778					
• [		Roanoke, TX 76262-1778 upation / Job title (See Instructions)	<u> </u>	9 Employer (See Instructions	<u> </u>		
	Principal occu Physician	pation / Job lille (See instructions)		USAP	3)		
	Date	Full name of contributor Out-of-state PAC	 C (ID#:	)	Γ	Amount of Contribution (\$)	
	05/17/2024	Norrell, Stacy L.					\$83.34
					1		
	l			I			
	l	1		I			
		Magnolia, TX 77355-1836			_		
		ipation / Job title (See Instructions)		Employer (See Instructions			
F	Physician			UTMSH - Dept of Anest	he	siology	
	Date	Full name of contributor out-of-state PAC	C (ID#:	)	Γ	Amount of Contribution (\$)	
(	05/05/2024	Noyes, Christopher Thayer		I			\$225.00
	I	Contributor address; City; State; Zip Code			1		
	l	1		I			
		DI TV 75000 0150		I			
⊢.		Plano, TX 75093-3152		Employer (See Instructions			
	Principal occu Physician	ipation / Job title (See Instructions)		Employer (See Instructions Texas Family Medicine	5)		
	-		<u> </u>		<del>_</del>		
	Date	Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	÷100.00
	05/14/2024	Oei, Thomas Omar					\$100.00
	l	Contributor address; City; State; Zip Code		I			
	l	1		I			
	l	San Antonio, TX 78257-1160		I			
F	Principal occu	upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>ال</u> ج)		
	Physician			Braverman-Terry-Oei Ey		Associates	
	Date	Full name of contributor out-of-state PAC			Ē	Amount of Contribution (\$)	
	05/05/2024	Oquendo Rincon, Marcial Andres	ר (ו⊔#	/			\$650.00
	50,00,21	Contributor address; City; State; Zip Code			ł		Ψυυ - ·
	I						
	I	1					
	I	Dallas, TX 75244-6418					
F	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician	-		Guadalupe Medical Cer			

	The Instru	ction Guide explains how to complet	te this for	rm.	1	Total pages Schedule A1: Sch: 28/41 Rpt: 35/57	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		cal Association Political Action Committee			ľ	00015658	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/01/2024	Ozcelebi, Fatih					\$99.00
	I	6 Contributor address; City; State; Zip Code			1		
	I	1					
	l	N					
		Mission, TX 78572-7408	c		ŕ		
8		pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
L	Physician		<u> </u>	Self Employed	—		
	Date		e PAC (ID#:	)		Amount of Contribution (\$)	
	05/07/2024	Palafox, David Mario					\$99.00
	I	Contributor address; City; State; Zip Code					
	l	1					
	l	ELDOOD TX 20012 4147					
		El Paso, TX 79912-4147		Employer (Cas Instructions	ŕ		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
L	-		<u> </u>		<del>—</del>		
	Date	Full name of contributor out-of-state	PAC (ID#:	)		Amount of Contribution (\$)	
	05/05/2024	Palmer, Bruce Lee					\$1,875.00
	I	Contributor address; City; State; Zip Code					
	I	1					
	l	Wichita Falls, TX 76310-5122					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L		
	Physician	····· · · · · · · · · · · · · · · · ·		Wichita Heart & Vascula		Center, PLLC	
⊨	Date	Full name of contributor out-of-state		)		Amount of Contribution (\$)	
	04/29/2024	Parisi, Michael Gabriel		/		Allount of Contribution (+)	\$50.00
	04,20,202.	Contributor address; City; State; Zip Code			$\left  \right $		400.00
	I	Cultinutur address, City, State, Zip Code					
	I	1					
	I	Harker Heights, TX 76548-5611					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Physician			Scott & White Clinic-Ha		r Heights	
╞	Date	Full name of contributor out-of-state	PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/03/2024	Payne, John Andrew				· · · · · · · · · · · · · · · · · · ·	\$99.00
	I	Contributor address; City; State; Zip Code			1		
	I						
	l	1					
	I	Wolfforth, TX 79382-4381					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Physician			Texas Tech Univ Health	i So	ciences Center	
$\vdash$							

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	The Instru	iction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 29/41 Rpt: 36/57	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		- cal Association Political Action Committee		ľ	00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	05/17/2024					\$208.34
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75244-7703	· · · · · · ·			
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Physician		Pediatrix Medical Group	ρ		
	Date	Full name of contributor out-of-state PAC (ID#:	:)	T	Amount of Contribution (\$)	
	05/05/2024	Peterson, Mary Dahlen				\$225.00
		Contributor address; City; State; Zip Code		1		
∟		Corpus Christi, TX 78404-1831		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Driscoll Children's Hosp	Jilaı		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/05/2024	Petrik, Edward Wayne				\$750.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78681-1238				
	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		Self Employed	5)		
⊨	-			Τ_	to the second se	
	Date 05/05/2024	Full name of contributor out-of-state PAC (ID#: Phan, Myphuong T.	)		Amount of Contribution (\$)	\$750.00
	05/03/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77019-6721				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Physician				edics & Sports Medicine -	
⊢	Date	Full name of contributor out-of-state PAC (ID#:		· T	Amount of Contribution (\$)	
	05/17/2024		/			\$25.00
	00/1//202	Contributor address; City; State; Zip Code		.		¥ <b>=</b> • • • •
		Contributor address, City, State, Zip Code				
		Humble, TX 77347-0876				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		David P. Poindexter, ME			
$\vdash$						

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/41 Rpt: 37/57
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Medica	al Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/05/2024	Puttagunta, Raghuveer		\$225.00
ŀ	6 Contributor address; City; State; Zip Code		1
	· - ·		
	Corpus Christi, TX 78413-5256		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		Driscoll Childrens Hosp	pital
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/02/2024	Pyle, Sandra		\$55.00
	Contributor address; City; State; Zip Code		]
	Vistoria TV 7700E 2400		
Dringing occur	Victoria, TX 77905-2408	Employer (See Instructions	
Principal occup Business Ow	pation / Job title (See Instructions)	Employer (See Instructions Business Owner	5)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/08/2024	Quesada, Ettiana		\$55.00
	Contributor address; City; State; Zip Code		
	Los Fresnos, TX 78566-4204		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)
Business Ow	ner	Business Owner	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/30/2024	Raizner, Albert E.		\$99.00
ľ	Contributor address; City; State; Zip Code		1
	-		
	Houston, TX 77024-7103	-	
	pation / Job title (See Instructions)	Employer (See Instructions	
Physician		Interventional Cardiolog	Jy Associates
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/27/2024	Rechter, Alan J.		\$99.00
	Contributor address; City; State; Zip Code		]
	Houston, TX 77063-1500		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)
Physician	,,,,,,,	Orthopaedic Associates	
,		1	

	The Instru	ction Guide explains how to complete t	this for	rm.	1	Total pages Schedule A1: Sch: 31/41 Rpt: 38/57	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Texas Medic	cal Association Political Action Committee				00015658	
4	Date	5 Full name of contributor out-of-state PAC	.C (ID#:	)	7	Amount of Contribution (\$)	
	04/26/2024	Reinke, Dennis Dean					\$300.00
		6 Contributor address; City; State; Zip Code			1		
	ļ						
		Wichita Falls, TX 76310-4711					
8		ipation / Job title (See Instructions)	9	Employer (See Instructions			
	Physician			Pathology Associates of	f N	orth Texas	
	Date	Full name of contributor out-of-state PAC	.C (ID#:	)		Amount of Contribution (\$)	
	05/01/2024	Reinsmith, Lance E.					\$1,000.00
	ļ	Contributor address; City; State; Zip Code					
	ļ						
	ļ	San Antonio, TX 78248-1610					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			South Texas Radiology	Gr	oup, P.A.	
F	Date	Full name of contributor out-of-state PAC	.C (ID#:	)		Amount of Contribution (\$)	
	05/15/2024	Reuter, Maribel					\$55.00
	ļ	Contributor address; City; State; Zip Code					
	ļ						
		Houston, TX 77030-3118					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ow	vner		Business Owner			
F	Date	Full name of contributor out-of-state PAC	.C (ID#:	)		Amount of Contribution (\$)	
	05/17/2024	Robinson, Eldon Stevens					\$208.34
	ļ	Contributor address; City; State; Zip Code					
	ļ						
	ļ						
		Lubbock, TX 79493-6685					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Self Employed			
F	Date	Full name of contributor out-of-state PAC	.C (ID#:	)		Amount of Contribution (\$)	
	05/01/2024	Robinson, Noel Keith					\$100.00
	ł	Contributor address; City; State; Zip Code			1		
	ļ	Abilene, TX 79602-7555					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			West Texas Health			
			I				

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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 32/41 Rpt: 39/57	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/15/2024	Rodriguez, Roberta	,			\$55.00
		6 Contributor address; City; State; Zip Code		1		
		1	,			
		Harlingen, TX 78552-2553				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	⊥ s)		
	2019 County		Business Owner	-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	05/12/2024	Row, Alan Dockery	)			\$99.00
	05/12/2024	-				Φ99.00
	ļ	Contributor address; City; State; Zip Code	,			
		1	,			
		Lubbock, TX 79424-4839	,			
	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\overline{\Gamma}$		
	Physician		Self Employed	5)		
⊢	-			<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/09/2024	Royer, Christian				\$300.00
	ļ	Contributor address; City; State; Zip Code	ļ			
		1	,			
		Frisco, TX 75034-2215	,			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		Baylor Scott & White Or	rthc	opedic Associates of Dall	
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	05/12/2024	Rushton, Jennifer R.	,			\$99.00
	00,12,202.					<b>400100</b>
	ļ	Contributor address; City; State; Zip Code	,			
	ļ	1	,			
	ļ	San Antonio, TX 78248-2101	,			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Physician		Clinical Pathology Assoc		ites	
┝	-			T		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	Φ <u>Γ</u> Γ ΟΟ
	05/16/2024	Rutland-Simpson, Jiea				\$55.00
	ļ	Contributor address; City; State; Zip Code	,			
	ļ	1	,			
		Harlingon TV 70552 0000	,			
	Deir einel oppu	Harlingen, TX 78552-8800				
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business Ow	/ner	Business Owner			
4						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 33/41 Rpt: 40/57	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/13/2024	San Miguel, George G.			\$99.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79912-4872			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Physician		Rio Grande OB/GYN As	sociates, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/09/2024	Sessions, Judy			\$55.00
	Dallas, TX 75209-7347			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Administrativ		Briggs Freeman Sotheb	y's International	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/14/2024	Settle, Halsey M.	/		\$99.00
	Contributor address; City; State; Zip Code			++++++
	Contributor address, City, State, Zip Code			
	Austin, TX 78737-1029			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Physician	· · · · ·	Broberg Eye Care	,	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/15/2024	Sewell, Matthew J.	/		\$1,000.00
00/10/2024			•	Ψ1,000.00
	Contributor address; City; State; Zip Code			
	Tomball, TX 77375-1459			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)	
Physician		Wise Dermatology	')	
-				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	ቀባር በር
05/03/2024	Shah, Arathi A.			\$99.00
	Contributor address; City; State; Zip Code			
	Austin TV 70746 7064			
	Austin, TX 78746-7964		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		CommuniCare Health C	tr	

The Ins	struction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 34/41 Rpt: 41/57	
2 FILER N	AME		3 Filer ID (Ethics Commission F	Filers)
	ledical Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
05/15/20	024 Shaw, Koushik K.			\$99.99
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78746-4136	-		
	occupation / Job title (See Instructions)	9 Employer (See Instructions		
Physicia	n	Austin Urology Institute	PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/05/20	024 Siddique, Shangir H.			\$99.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78723-3392			
	occupation / Job title (See Instructions)	Employer (See Instructions		
Physicia	n	UT Austin Dell Internal N	Vedicine Residency	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/09/20	24 Smith, Oluwatosin Urowoli			\$100.00
	Contributor address; City; State; Zip Code			
	Colleyville, TX 76034-6678	_		
	occupation / Job title (See Instructions)	Employer (See Instructions		
Physicia	n	Glaucoma Associates of	f Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/20	Southeast Texas OB/GYN Associates, PA			\$99.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77702-1521	<u> </u>		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	š)	
			<del>.</del>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/07/20	024 Stern, Charles Herbert			\$99.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712-7607			
	occupation / Job title (See Instructions)	Employer (See Instructions	;)	
Physicia	n	Self Employed		

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	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 35/41 Rpt: 42/57	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission File	ers)
		cal Association Political Action Committee		00015658	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
	05/05/2024	Stetson, Cloyce L.		\$7	750.00
		6 Contributor address; City; State; Zip Code			
Ļ		Lubbock, TX 79424-4134			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	·	
	Physician		Texas Tech Univ Health		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
	05/01/2024			\$	500.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78232-2902			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
	Physician		South Texas Radiology	•	
-	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	05/15/2024	Strobel, Gennell DeAn	/		\$16.50
	00,10,202.	Contributor address; City; State; Zip Code			P10.00
		Contributor address, ony, state, 2p code			
		Sherman, TX 75090-5000			
		pation / Job title (See Instructions)	Employer (See Instructions		
	Physician		G. Dean Strobel, MD PA	A	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	05/24/2024	Sudheer K. Sankar, M.D., P.A.			\$99.00
		Contributor address; City; State; Zip Code			
┝	Dringing occu	Houston, TX 77074	Employer (See Instructions		
	Рппсіраї осси	pation / Job title (See Instructions)		5)	
╞	D-4-		<u> </u>		
	Date 05/14/2024	Full name of contributor out-of-state PAC (ID#: Tanna, Pratibha	)	Amount of Contribution (\$)	\$55.00
	00/14/2027	Contributor address; City; State; Zip Code			р <b>ЈЈ.</b> 00
		Continuation address, City, State, Zip Code			
		Fort Worth, TX 76132-4435			
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	;)	
	Business Ov	vner	Business Owner		
⊢					

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 36/41 Rpt: 43/57	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
Texas Medic	al Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/01/2024	Thomas, John William			\$1,000.00
	6 Contributor address; City; State; Zip Code		•	
	l			
	San Antonio, TX 78232-3508	1		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		South Texas Radiology		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/15/2024	Thompson, Jeffrey B.			\$33.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77704-1591			
Princinal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Baptist Hospital of South	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/01/2024	Tibbetts, Todd A.	/		\$1,000.00
00/01/202 .	Contributor address; City; State; Zip Code		·	Ψ1,000.00
	I			
	San Antonio, TX 78209-3649			
	pation / Job title (See Instructions)	Employer (See Instructions		
Physician		South Texas Radiology	Group, P.A.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Tibrewal, Anil Kumar			\$126.00
	Contributor address; City; State; Zip Code		1	
	I			
Dringinal oppur	Duncanville, TX 75116-4905	Employer (See Instructions		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	;)	
-			1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	ቀርር በበ
04/30/2024	Tisdell, Kala			\$55.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76012-2816			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Business Ow		Business Owner	,	

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 37/41 Rpt: 44/57	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
04/29/2024	Townsend, Henry Bernard			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Addison, TX 75001-3132			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Physician		North Texas Preferred H	Health Partners - Plano	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2024	Tran, Diep Denise			\$74.25
	Contributor address; City; State; Zip Code		•	
	Plano, TX 75074-0135			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/14/2024	Trujillo, Mauricio Javier			\$99.00
	Contributor address; City; State; Zip Code			
	Greenville, TX 75401-7852			
•	upation / Job title (See Instructions)	Employer (See Instructions	,	
Physician		Emergency Medicine Co	onsultants, Ltd.	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/30/2024	Truong, Hieu Trong			\$99.00
	Contributor address; City; State; Zip Code		1	
	Plano, TX 75093-8057			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/26/2024	Tully, John R.			\$99.00
	Contributor address; City; State; Zip Code		1	
	San Antonio, TX 78215-1387			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physician		CareNow Urgent Care-S	Stone Oak	
04/30/2024 Principal occu Physician Date	Truong, Hieu Trong Contributor address; City; State; Zip Code Plano, TX 75093-8057 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Tully, John R.	Employer (See Instructions Self Employed	s) Amount of Contribution (\$)	
04/26/2024	I ully, Jonn R.			\$99.0
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78215-1387			
	ipation / Job title (See Instructions)			
Physician		CareNow Urgent Care-S	Stone Oak	

_				
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/41 Rpt: 45/57
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
-		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	05/09/2024	Van Burkleo, Julia Beville		\$99.00
		6 Contributor address; City; State; Zip Code		1
		Longview, TX 75605-8810	•	
8	-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
	Physician		Self Employed	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/05/2024	Vanexan, Kenneth S.		\$225.00
		Contributor address; City; State; Zip Code		1
		Corpus Christi, TX 78404-1848		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Nueces Imaging Associa	ates, PLLC
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/15/2024	Vanzant, Robert C.		\$300.00
		Contributor address; City; State; Zip Code		1
		Houston, TX 77024-7251		l
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Village Medical	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/05/2024	Vefali, Huseng		\$225.00
		Contributor address; City; State; Zip Code		1
		Austin, TX 78746-6998		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	,
	Physician		Austin Cardiology Clinic	;
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	05/17/2024	Villarreal, E. Linda		\$208.34
		Contributor address; City; State; Zip Code		1
		Edinburg, TX 78541-4651		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Physician		Self Employed	

Th	ne Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 39/41 Rpt: 46/57	
2 FIL	ER NAME			3 Filer ID (Ethics Commission	Filers)
Те	xas Medic	al Association Political Action Committee		00015658	-
4 Da	ıte	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
04	/30/2024	Vozza, Brenda Marie			\$99.00
		<b>6</b> Contributor address; City; State; Zip Code		1	
		Longview, TX 75605-2846			
		pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Ph	nysician		Self Employed		
Da	ite	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
05	5/05/2024	Wells, Jennifer Han			\$225.00
		Contributor address; City; State; Zip Code			
		Woodway, TX 76712-7524			
		pation / Job title (See Instructions)	Employer (See Instructions	,	
Ph	nysician		Baylor Scott & White-Wa	aco Hillcrest	
Da	ıte	Full name of contributor 🔲 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
05	5/15/2024	Westbrook, Benjamin James			\$16.50
		Contributor address; City; State; Zip Code		1	
		El Paso, TX 79902-5008			
		pation / Job title (See Instructions)	Employer (See Instructions		
Ph	nysician		El Paso Head and Neck	(Surgery	
Da	ite	Full name of contributor 🔲 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
04	/30/2024	Whistler Ridge PA			\$99.00
		Contributor address; City; State; Zip Code		1	
		Cuero, TX 77954			
Pri	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Da		Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
05	6/05/2024	White, Steven Clark			\$750.00
		Contributor address; City; State; Zip Code		1	
		Lubbock, TX 79423-2922			
		pation / Job title (See Instructions)	Employer (See Instructions	S)	
Ph	nysician		Self Employed		
1					

	The Instru	ction Guide explains how to o	complete this fo	rm.	1	Total pages Schedule A1: Sch: 40/41 Rpt: 47/57	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
<u> </u>		cal Association Political Action Con	mmittee			00015658	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/05/2024	Wilbur, Beverly Ann					\$225.00
	ļ	6 Contributor address; City; State; 2	Zip Code	,	1		
	ļ						
		Waco, TX 76712-2003					
8	Principal occu	pation / Job title (See Instructions)	ę	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Physician			Self Employed			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/17/2024	Williams, Paul Brian				• •	\$25.00
	ļ	Contributor address; City; State; Z	Zio Code		ł		
	ļ		—·• ··				
	ļ						
	ļ	Longview, TX 75605-7706					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Texas Urology Specialis	sts	- Longview	
╞	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	04/29/2024	Winkel, Erwin C.					\$99.00
	ļ	Contributor address; City; State; Z	Zip Code		1		
	ļ						
	ļ						
		The Woodlands, TX 77382-12	238				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Millennium Physicians -	Ν.	Houston Urology	
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/05/2024	Wolf, Robert E.					\$750.00
	ļ	Contributor address; City; State; 2	Zip Code	·····	1		
	ļ						
	ļ						
L		Waco, TX 76712-8563					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
L	Physician			Self Employed			
Γ	Date		out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/05/2024	Wong, Lucas					\$1,875.00
	ļ	Contributor address; City; State; 2	Zip Code	Ţ			
	ļ						
	ļ						
L		Temple, TX 76502-8767					
		pation / Job title (See Instructions)		Employer (See Instructions			
L	Physician			Baylor Scott & White He	alt	h-Central Texas	

The Instruc	tion Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 41/41 Rpt: 48/57	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	al Association Political Action Committee		00015658	T noroj
4 Date	5 Full name of contributor Out-of-state PAC (ID	#:)	7 Amount of Contribution (\$)	
05/09/2024	Wooley, Randall M.			\$300.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75229-2739			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Physician		HealthCore Physicians	,	
Date	Full name of contributor Out-of-state PAC (ID		Amount of Contribution (\$)	
05/05/2024	Wright, Ben	#·/		\$74.25
				<b>T</b>
	Austin, TX 78701-1672			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Director of Pu	ublic Affairs, Lobbyist	Texas Medical Associati	ion	
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)	
05/05/2024	Wright, Scott A.			\$74.25
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703-5721			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	) ;)	
Physician		Christus Cardiology - Tre	oup Hwy	
Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)	Amount of Contribution (\$)	
Date 05/05/2024	Yudovich, Alexander	#:)	Amount of Contribution (\$)	\$225.00
		#:)	Amount of Contribution (\$)	\$225.00
	Yudovich, Alexander	#:)	Amount of Contribution (\$)	\$225.00
	Yudovich, Alexander Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$)	\$225.00
05/05/2024	Yudovich, Alexander Contributor address; City; State; Zip Code Bellaire, TX 77401-4838			\$225.00
05/05/2024	Yudovich, Alexander Contributor address; City; State; Zip Code	Employer (See Instructions Pediatrix Medical Group	;)	\$225.00
05/05/2024 Principal occup Physician	Yudovich, Alexander Contributor address; City; State; Zip Code Bellaire, TX 77401-4838 pation / Job title (See Instructions)	Employer (See Instructions Pediatrix Medical Group	s) - Houston	\$225.00
05/05/2024 Principal occup	Yudovich, Alexander Contributor address; City; State; Zip Code Bellaire, TX 77401-4838 pation / Job title (See Instructions)	Employer (See Instructions Pediatrix Medical Group	;)	\$225.00
05/05/2024 Principal occup Physician Date	Yudovich, Alexander         Contributor address; City; State; Zip Code         Bellaire, TX 77401-4838         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID	Employer (See Instructions Pediatrix Medical Group	s) - Houston	
05/05/2024 Principal occup Physician Date	Yudovich, Alexander Contributor address; City; State; Zip Code Bellaire, TX 77401-4838 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Zulfiqar, Annum	Employer (See Instructions Pediatrix Medical Group	s) - Houston	
05/05/2024 Principal occup Physician Date	Yudovich, Alexander Contributor address; City; State; Zip Code Bellaire, TX 77401-4838 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Zulfiqar, Annum	Employer (See Instructions Pediatrix Medical Group	s) - Houston	
05/05/2024 Principal occup Physician Date	Yudovich, Alexander Contributor address; City; State; Zip Code Bellaire, TX 77401-4838 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Zulfiqar, Annum	Employer (See Instructions Pediatrix Medical Group	s) - Houston	
05/05/2024 Principal occur Physician Date 04/30/2024	Yudovich, Alexander Contributor address; City; State; Zip Code Bellaire, TX 77401-4838 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Zulfiqar, Annum Contributor address; City; State; Zip Code	Employer (See Instructions Pediatrix Medical Group	s) - Houston Amount of Contribution (\$)	

# 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: 49/57				
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)		
	Texas Medical Association Political Action Committee			00015658			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	04/30/2024		Brain and Spine Center of Southeast Texas			99	9.00
	Date		Corporation / Labor Organization name		Amount (\$)		
	04/26/2024		Highlander Surgical Associates PLLC			99	9.00
	Date		Corporation / Labor Organization name		Amount (\$)		
	05/02/2024		Hospitalist Concepts Consulting, PLLC			99	9.00

## 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: 50/57		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Texas Medic	al	Association Political Action Committee		00015658		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	05/22/2024		Texas Medical Association			28,291.23	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/7 Rpt: 51/57	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/23/2024	BUC-EE's			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$102.07	2760 IH 35 North			
Expenditure from corporate funds	New Braunfels, TX 78130			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Food for fundraiser to support John Kuempel for HD 44			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/30/2024	Craig Goldman For Congress			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 100039			
Expenditure from corporate funds	Fort Worth, TX 76185			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Craig Goldman, U.S. HOUSE TX 12</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/21/2024	DeWayne Burns for State Representative			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	703 Stonelake Drive			
Expenditure from corporate funds	Cleburne, TX 76033			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>			
	Candidate/Officeholder/Political Committee DeWayne Burns, STATE HOUSE 58th TX			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 2/7 Rpt: 52/57	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/14/2024	Dr. Brian Babin For Congress			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,500.00	PO Box 159			
Expenditure from corporate funds	Woodville, TX 75979			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee Draw Brian Babin, U.S. HOUSE TX 36TH			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/21/2024	Dr. Lalani for Texas			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 6514			
Expenditure from corporate funds	Houston, TX 77265			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Suleman Lalani, STATE HOUSE 76th TX</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/21/2024	Frazier for Texas			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	4100 Eldorado Pkwy, Ste. 100			
	PMB 241			
Expenditure from corporate funds	McKinney, TX 75070			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/7 Rpt: 53/57	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/23/2024	Great American Cookies			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$42.99	1308 E. Common St, Ste. 208			
Expenditure from				
corporate funds	New Braunfels, TX 78130			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense			
	Food for fundraiser to support John Kuempel for HD			
	44			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/30/2024	Gromer Jeffers			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	641 Bizerte Avenue			
Expenditure from corporate funds	Dallas, TX 75224			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Consulting Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Speaker Honorarium</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/23/2024	H-E-B			
Amount (\$)	Payee address; City; State; Zip Code			
\$111.24	12018 Perrin Beitel Road			
Expenditure from corporate funds	San Antonio, TX 78217-2116			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Food for fundraiser to support John Kuempel for HD 44</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 4/7 Rpt: 54/57	Texas Medical Association Political Action Committee	00015658		
4 Date	5 Payee name			
05/10/2024	Hillary Hickland Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$7,500.00	6318 Brayson Oaks Ct.			
Expenditure from corporate funds	Belton, TX 76513			
8 PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. h, TX, officeholder living expense und, STATE HOUSE 55th TX		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
05/15/2024	Jarvis for Texas			
Amount (\$)	Payee address; City; State; Zip Code			
\$7,500.00	PO Box 16600			
Expenditure from corporate funds	Houston, TX 77222			
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. n, TX, officeholder living expense on, STATE SENATE 15th TX		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
05/21/2024	Jeff Bauknight Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	P.O. Box 4122			
Expenditure from corporate funds	Victoria, TX 77903			
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. h, TX, officeholder living expense ht, STATE HOUSE 30th TX		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 5/7 Rpt: 55/57	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/21/2024	John Kuempel Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$7,500.00	902 E. College Street			
Expenditure from corporate funds	Seguin, TX 78155			
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense John Kuempel, STATE HOUSE 44th TX</li> </ul> </li> </ul>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/21/2024	Justin Holland Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	3021 Ridge Rd. Ste. A, Box 79			
Expenditure from corporate funds	Rockwall, TX 75032			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Justin Holland, STATE HOUSE 33rd TX</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/30/2024	Kelly Hancock Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	P.O. Box 821349			
Expenditure from corporate funds	North Richland Hills, TX 76182			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Kelly Hancock, STATE SENATE 9th TX</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Glft/Awards/Memorials Expense     Printing Expense     Travel Ot of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 6/7 Rpt: 56/57	Texas Medical Association Political Action Committee00015658			
4 Date	5 Payee name			
05/21/2024	Lynn Stucky Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,500.00	P.O. Box 464			
Expenditure from corporate funds	Denton, TX 76202			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/22/2024	Sam's Club			
Amount (\$)	Payee address; City; State; Zip Code			
\$104.21	12349 I-35 N			
Expenditure from corporate funds	San Antonio, TX 78233			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Food for fundraiser to support John Kuempel for HD 44</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/10/2024	Sarah Eckhardt for State Senate			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 301586			
Expenditure from corporate funds	Austin, TX 78703			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sarah Eckhardt, STATE SENATE 14th TX			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a)         Event Expense       Loan Repayment/Reimbursement       Solicitation/Fundraising Expense         Fees       Office Overhead/Rental Expense       Transportation Equipment & Related Expense         Food/Beverage Expense       Polling Expense       Travel in District         - Git/LAwards/Memorials Expense       Printing Expense       Travel Out of District         Committee       Legal Services       Salaries/Wages/Contract Labor       OTHER (enter a category not listed above)
1 Total pages Schedule F1:	
Sch: 7/7 Rpt: 57/57	Texas Medical Association Political Action Committee     00015658
4 Date 05/14/2024	5 Payee name Texas Press Service Inc.
6 Amount (\$) \$2,999.62	7 Payee address; City; State; Zip Code 8800 Business Park Dr. #100
Expenditure from corporate funds	Austin, TX 78759
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Brent Hagenbach - STATE SENATE/30 Inkind expenditure for newspaper ads</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held