

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

**FORM MPAC  
COVER SHEET PG 1**

<b>The MPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00015658	<b>2</b> Total pages filed: 57
<b>3</b> COMMITTEE NAME Texas Medical Association Political Action Committee		<b>OFFICE USE ONLY</b>	
<b>4</b> COMMITTEE ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. Austin, TX 78701		Date Received ELECTRONICALLY FILED 06/05/2024	
<b>5</b> CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Ms. Christine N. NICKNAME LAST SUFFIX Mojezati		Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th St. Austin, TX 78701			
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th St. Austin, TX 78701			
<b>8</b> CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 370-1361			
<b>9</b> REPORT TYPE <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
<b>10</b> MONTHLY REPORT FILING DEADLINE <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input checked="" type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5			
<b>11</b> PERIOD COVERED Month Day Year THROUGH Month Day Year 04/26/2024 05/25/2024			

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 24.26
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 90,747.06
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 53,860.13
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 266,322.48
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Medical Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015658
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 62,158.83
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 297.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 28,291.23
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 53,860.13
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/41 Rpt: 8/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aamer Wali Janjua MD PA <hr/> <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706-2581	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adler, Max F. <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033-1406	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Lisa E. <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-0130	Amount of Contribution (\$)  \$126.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amy Sikes MD PA <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) An, Young C. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-3512	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Metropolitan Anesthesiologist



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/41 Rpt: 9/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arce, Daisy A.	<b>7</b> Amount of Contribution (\$)  \$99.00
	<b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596-6654	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Mid Valley Family Practice Associates
<b>Date</b> 05/02/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arnold, Louise	<b>Amount of Contribution (\$)</b>  \$55.00
	<b>Contributor address; City; State; Zip Code</b>  Flint, TX 75762-9595	
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Business Owner
<b>Date</b> 05/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Austin, Sara G.	<b>Amount of Contribution (\$)</b>  \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78731-4735	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Seton Brain and Spine Institute - Neurology
<b>Date</b> 05/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Michael L.	<b>Amount of Contribution (\$)</b>  \$33.00
	<b>Contributor address; City; State; Zip Code</b>  Aurora, TX 76078-4610	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Emergency Medicine Consultants, Ltd.
<b>Date</b> 05/02/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Dudley D.	<b>Amount of Contribution (\$)</b>  \$300.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77379-2917	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Northwest Women's Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/41 Rpt: 10/57
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balbuena, Luis	7 Amount of Contribution (\$)  \$99.00
	6 Contributor address; City; State; Zip Code  Marshall, TX 75672-4610	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Marshall Health Services, Inc
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan, Carlos	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78213-1941	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Health San Antonio
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Philip A.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  El Paso, TX 79912-3443	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin, Benson Bethel	Amount of Contribution (\$)  \$33.00
	Contributor address; City; State; Zip Code  Garland, TX 75043-1864	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) American Radiology Associates, PA
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bercher, Paul Richard	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Paris, TX 75462-9533	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/41 Rpt: 11/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Howard Lysle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79106-4002	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berndt, Robert Barry <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706-2554	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesia Associates of Beaumont
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry-Roberts, Crystal S. <hr/> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612-3902	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Regional Clinic - South OB/GYN
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Robert Brian <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-4018	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology - Baylor Charles A. Sammons Cancer
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Clayton <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552-0134	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/41 Rpt: 12/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blattman, Scott E.	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  China Spring, TX 76633-3375	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) AMG Providence Family Health Clinic - Woodway
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bondurant, William W.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Galveston, TX 77551-1737	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruel, Brian M.	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  Houston, TX 77002-6902	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cy-Pain & Spine
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Robert E.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-3920	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Ear, Nose & Throat Clinic
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cabrera, Leopoldo A.	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code  Lubbock, TX 79424-6588	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Community Health Center of Lubbock

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/41 Rpt: 14/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chike-Obi, Chuma J. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-2038	<b>7</b> Amount of Contribution (\$)  \$16.50
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75244-7446	Amount of Contribution (\$)  \$177.09
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Church, Daniel G. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78231-1276	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cleaves, Wilbur Ratliff <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78404-1734	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clement, John P. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78215-1196	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/41 Rpt: 15/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cogswell, Max Emerson <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sherman, TX 75092-5420	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) USAP
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Alan M. <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310-1787	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acute Care Surgery Texoma
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooke, Becky <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605-4906	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danley, Matthew R. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-4605	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor All Saints Medical Center At Fort Worth
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Darmadi, Daniel H. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059-5602	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Consultants, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/41 Rpt: 16/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David E. Parkus, M.D., P.A.	<b>7</b> Amount of Contribution (\$)  \$99.00
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dishner, Emma L.	Amount of Contribution (\$)  \$225.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205-1336	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Centers for Infectious Disease Associates
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dixon, Timothy	Amount of Contribution (\$)  \$225.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79424-3024	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UMC Physicians
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doss, Sharon	Amount of Contribution (\$)  \$55.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-5710	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dossett, Lucy McCauley	Amount of Contribution (\$)  \$16.50
	Contributor address; City; State; Zip Code  Roanoke, TX 76262-0619	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/41 Rpt: 17/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowling, Matt <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1672	<b>7</b> Amount of Contribution (\$)  \$74.25
<b>8</b> Principal occupation / Job title (See Instructions) Director of Public Affairs, Lobbyist		<b>9</b> Employer (See Instructions) Texas Medical Association
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugan, John T. <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-2634	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Ezekiel L. <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-1171	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abilene Family Medical Associates
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Stephanie Hurn <hr/> Contributor address; City; State; Zip Code  Irving, TX 75062-4507	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) StarCare Family & Preventive Medicine, PA
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Diana <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936-3390	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diana Escobedo MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/41 Rpt: 18/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskew, James R.	<b>7</b> Amount of Contribution (\$) \$750.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-4630		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Austin Ear, Nose & Throat Clinic
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carolyn A.	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code  Dallas, TX 75287-4911		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Pediatric Assoc.
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairbrother, Hilary E.	Amount of Contribution (\$) \$225.00
Contributor address; City; State; Zip Code  Houston, TX 77009-6605		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Emergency Medicine
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faro, Sharon	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code  Houston, TX 77005-2745		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulkner, Jeffrey A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Floresville, TX 78114-9237		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/41 Rpt: 19/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finnell, Christopher W. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308-4441	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) United Regional Physician Group
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fite, Diana L. <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77355-2224	Amount of Contribution (\$)  \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ER Katy
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleeger, David C. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78733-1020	Amount of Contribution (\$)  \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Colon & Rectal Specialists - Austin South
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flippin, Mindee Suzann <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035-5755	Amount of Contribution (\$)  \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, John Gerard <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-1144	Amount of Contribution (\$)  \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/41 Rpt: 20/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin Leory Casey, MD PA <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Dallas Obstetric & Gynecologic Association, PA
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Deborah A. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-2221	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Obstetric & Gynecologic Association, PA
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Carmen T. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229-4733	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alamo Heights Pediatrics
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gasper, Stephen G. <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-4901	Amount of Contribution (\$)  \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Emily H. <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-6440	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Clinic-College Station

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/41 Rpt: 21/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerteisen, Martha F.	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584-6749		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Houston Methodist Primary Care Group - Pearland
<b>Date</b> 05/06/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilcrease, Gary L.	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78209-4633		
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 05/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Victor Hugo	<b>Amount of Contribution (\$)</b>  \$2,500.00
<b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78504-6089		
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Valley Retina Institute, PA
<b>Date</b> 05/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Blanca Lucia	<b>Amount of Contribution (\$)</b>  \$16.50
<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78418-7600		
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Cano Health-Corpus Christi
<b>Date</b> 05/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Mary K.	<b>Amount of Contribution (\$)</b>  \$750.00
<b>Contributor address; City; State; Zip Code</b>  Marble Falls, TX 78654-7853		
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Mary Kelly Green, M.D., PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/41 Rpt: 22/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, T. David	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>6</b> Contributor address; City; State; Zip Code  Henrietta, TX 76365-3226		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) T. David Greer MD and Associates
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guirl, Jennifer	Amount of Contribution (\$)  \$55.00
Contributor address; City; State; Zip Code  Shavano Park, TX 78230-5635		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunn, Nadege T.	Amount of Contribution (\$)  \$74.25
Contributor address; City; State; Zip Code  Mc Gregor, TX 76657-4160		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurian, John H.	Amount of Contribution (\$)  \$450.00
Contributor address; City; State; Zip Code  San Antonio, TX 78230-5651		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Ana C.	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Rancho Viejo, TX 78575-9707		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ana C. Gutierrez, MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/41 Rpt: 23/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Barbara M.	<b>7</b> Amount of Contribution (\$)  \$74.25
	<b>6</b> Contributor address; City; State; Zip Code  Mc Gregor, TX 76657-3771	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, Stephanie	Amount of Contribution (\$)  \$55.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230-5407	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancher, Tom B.	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Columbus, TX 78934-2012	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harman, Louis E.	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230-4120	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Catherine L.	Amount of Contribution (\$)  \$55.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703-1127	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 17/41 Rpt: 24/57
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heaven, Ralph F.	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code  Abilene, TX 79608-6486	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Oncology - Abilene South
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henry, Jack H.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79407-2121	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hirani, Zishan	Amount of Contribution (\$) \$201.00
	Contributor address; City; State; Zip Code  Houston, TX 77027-3712	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kelsey-Seybold Clinic
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Michelle May	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  Dallas, TX 75209-2026	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Preferred Health Partners - Park Citie
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Bradford W.	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code  Waco, TX 76712-7565	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/41 Rpt: 25/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes Bass, Ann C.	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424-1471	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) UMC Physicians
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Humphreys, James Loyd	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code  Helotes, TX 78023-4492	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Isaacson, Terah C.	Amount of Contribution (\$) \$177.09
	Contributor address; City; State; Zip Code  Houston, TX 77009-7753	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacinto, Rochelle C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Levelland, TX 79336-8012	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UMC Physicians
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Robert E.	Amount of Contribution (\$) \$2,750.00
	Contributor address; City; State; Zip Code  Houston, TX 77030-3619	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Robert E Jackson, MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/41 Rpt: 26/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobson, Leah Hanselka <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209-3302	<b>7</b> Amount of Contribution (\$)  \$16.50
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Personal Pediatrics by Leah Jacobson, MD
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Bryan G. <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033-7332	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bryan G Johnson MD PA
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Mark Lynn <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712-8823	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid Tex Anesthesia Associates
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Robert L. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78215-1930	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Skin by Design Dermatology & Laser Ctr, P.A.
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jumper, Cynthia Ann <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-5001	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 20/41 Rpt: 27/57
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jyothula, Soma S. S. K.	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78240-3903	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Methodist Physician Practices
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadesky, Angela S.	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code  Dallas, TX 75225-1627	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Richard Joseph	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Crockett, TX 75835-2256	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim M. Schaus, MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Nacogdoches, TX 75961	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David Tyler	Amount of Contribution (\$) \$225.00
	Contributor address; City; State; Zip Code  Laredo, TX 78045-7174	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/41 Rpt: 29/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kumar, Umesh <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75070-7342	<b>7</b> Amount of Contribution (\$)  \$74.25
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kupperman, Wyatt <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-4306	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Physical Medicine & R
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lao, Jordan Vicente <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-2814	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le Pere, Vicky <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-1829	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Chevy Chu <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501-1106	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/41 Rpt: 30/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, C. Turner <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230-2360	<b>7</b> Amount of Contribution (\$)  \$225.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Lone Star Pediatrics
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loeffler, Paul William <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-2615	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez-Guerra, Alicia M. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748-4501	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lyles, Boyd Daryl <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75367-0689	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mackey, David C. <hr/> Contributor address; City; State; Zip Code  West University Place, TX 77005-1022	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Anderson Cancer Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/41 Rpt: 31/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malik, Azhar Ali <hr/> <b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77904-1658	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Victoria Kidney & Dialysis Associates
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mallet, Maryrita K. <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086-6548	Amount of Contribution (\$)  \$75.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Maryrita Kaiser Mallet, MD PA
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis, Wayne Scott <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627-4800	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Physician Network
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Randall P. <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016-2056	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mastrogiovanni, Sarah K. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-2613	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Preferred Health Partners - Plano

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/41 Rpt: 33/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Steven Braxton <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013-4623	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Total Orthopedics Sports & Spine
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muse, Kenisha Webb <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502-5873	Amount of Contribution (\$)  \$126.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Scott & White Memorial Hospital
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neville, Richard Burke <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-2615	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arlington Emergency Medicine Associates
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newman, Terry S. <hr/> Contributor address; City; State; Zip Code  Webster, TX 77598-7843	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Medical
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newman, Terry S. <hr/> Contributor address; City; State; Zip Code  Webster, TX 77598-7843	Amount of Contribution (\$)  \$126.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Medical

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/41 Rpt: 34/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nieto, David M.	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262-1778	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) USAP
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norrell, Stacy L.	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code  Magnolia, TX 77355-1836	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noyes, Christopher Thayer	Amount of Contribution (\$) \$225.00
	Contributor address; City; State; Zip Code  Plano, TX 75093-3152	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Family Medicine
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oei, Thomas Omar	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78257-1160	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Braverman-Terry-Oei Eye Associates
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oquendo Rincon, Marcial Andres	Amount of Contribution (\$) \$650.00
	Contributor address; City; State; Zip Code  Dallas, TX 75244-6418	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Guadalupe Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/41 Rpt: 35/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozcelebi, Fatih	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572-7408		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palafox, David Mario	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  El Paso, TX 79912-4147		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Bruce Lee	Amount of Contribution (\$) \$1,875.00
Contributor address; City; State; Zip Code  Wichita Falls, TX 76310-5122		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wichita Heart & Vascular Center, PLLC
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parisi, Michael Gabriel	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Harker Heights, TX 76548-5611		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Scott & White Clinic-Harker Heights
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, John Andrew	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Wolfforth, TX 79382-4381		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ Health Sciences Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/41 Rpt: 36/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearse, Lee Ann	<b>7</b> Amount of Contribution (\$) \$208.34
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75244-7703		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Pediatrix Medical Group
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson, Mary Dahlen	Amount of Contribution (\$) \$225.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78404-1831		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Driscoll Children's Hospital
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petrik, Edward Wayne	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681-1238		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phan, Myphuong T.	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code  Houston, TX 77019-6721		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Orthopedics & Sports Medicine -
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poindexter, David P.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Humble, TX 77347-0876		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 30/41 Rpt: 37/57
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puttagunta, Raghuv eer ..... 6 Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-5256	7 Amount of Contribution (\$)  \$225.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Driscoll Childrens Hospital
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pyle, Sandra ..... Contributor address; City; State; Zip Code  Victoria, TX 77905-2408	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quesada, Ettiana ..... Contributor address; City; State; Zip Code  Los Fresnos, TX 78566-4204	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raizner, Albert E. ..... Contributor address; City; State; Zip Code  Houston, TX 77024-7103	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Interventional Cardiology Associates
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rechter, Alan J. ..... Contributor address; City; State; Zip Code  Houston, TX 77063-1500	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Orthopaedic Associates, LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/41 Rpt: 38/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reinke, Dennis Dean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310-4711	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Pathology Associates of North Texas
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reinsmith, Lance E. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248-1610	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reuter, Maribel <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030-3118	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Eldon Stevens <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79493-6685	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Noel Keith <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-7555	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) West Texas Health

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/41 Rpt: 39/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Roberta <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78552-2553	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) 2019 County President		<b>9</b> Employer (See Instructions) Business Owner
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Row, Alan Dockery <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-4839	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Royer, Christian <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-2215	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Orthopedic Associates of Dall
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rushton, Jennifer R. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248-2101	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Clinical Pathology Associates
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutland-Simpson, Jiea <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552-8800	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 33/41 Rpt: 40/57
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Miguel, George G.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code  El Paso, TX 79912-4872	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Rio Grande OB/GYN Associates, PA
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sessions, Judy	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code  Dallas, TX 75209-7347	
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Briggs Freeman Sotheby's International
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Settle, Halsey M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-1029	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Broberg Eye Care
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Matthew J.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Tomball, TX 77375-1459	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wise Dermatology
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Arathi A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Austin, TX 78746-7964	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommuniCare Health Ctr



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/41 Rpt: 41/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shaw, Koushik K. ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-4136	<b>7</b> Amount of Contribution (\$)  \$99.99
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Austin Urology Institute PA
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siddique, Shangir H. ..... Contributor address; City; State; Zip Code  Austin, TX 78723-3392	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Austin Dell Internal Medicine Residency
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Oluwatosin Urowoli ..... Contributor address; City; State; Zip Code  Colleyville, TX 76034-6678	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Glaucoma Associates of Texas, PA
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Southeast Texas OB/GYN Associates, PA ..... Contributor address; City; State; Zip Code  Beaumont, TX 77702-1521	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stern, Charles Herbert ..... Contributor address; City; State; Zip Code  Woodway, TX 76712-7607	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/41 Rpt: 42/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stetson, Cloyce L. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424-4134	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Texas Tech Univ Health Sciences Center
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stoll, John F. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232-2902	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strobel, Gennell DeAn <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75090-5000	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) G. Dean Strobel, MD PA
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sudheer K. Sankar, M.D., P.A. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77074	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tanna, Pratibha <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4435	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/41 Rpt: 43/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, John William <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232-3508	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) South Texas Radiology Group, P.A.
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Jeffrey B. <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77704-1591	Amount of Contribution (\$)  \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Hospital of Southeast Texas Inc
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tibbetts, Todd A. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-3649	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tibrewal, Anil Kumar <hr/> Contributor address; City; State; Zip Code  Duncanville, TX 75116-4905	Amount of Contribution (\$)  \$126.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tisdell, Kala <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012-2816	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/41 Rpt: 44/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Townsend, Henry Bernard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Addison, TX 75001-3132	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) North Texas Preferred Health Partners - Plano
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Diep Denise <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074-0135	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trujillo, Mauricio Javier <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75401-7852	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Truong, Hieu Trong <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-8057	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tully, John R. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78215-1387	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CareNow Urgent Care-Stone Oak

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/41 Rpt: 46/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vozza, Brenda Marie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75605-2846	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wells, Jennifer Han <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712-7524	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White-Waco Hillcrest
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westbrook, Benjamin James <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902-5008	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Head and Neck Surgery
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whistler Ridge PA <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Steven Clark <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423-2922	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/41 Rpt: 47/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbur, Beverly Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76712-2003	<b>7</b> Amount of Contribution (\$)  \$225.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605-7706	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkel, Erwin C. <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382-1238	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Millennium Physicians - N. Houston Urology
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Robert E. <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712-8563	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Lucas <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502-8767	Amount of Contribution (\$)  \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health-Central Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/41 Rpt: 48/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wooley, Randall M.	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229-2739	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) HealthCore Physicians
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Ben	Amount of Contribution (\$) \$74.25
	Contributor address; City; State; Zip Code  Austin, TX 78701-1672	
Principal occupation / Job title (See Instructions) Director of Public Affairs, Lobbyist		Employer (See Instructions) Texas Medical Association
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Scott A.	Amount of Contribution (\$) \$74.25
	Contributor address; City; State; Zip Code  Tyler, TX 75703-5721	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christus Cardiology - Troup Hwy
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yudovich, Alexander	Amount of Contribution (\$) \$225.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401-4838	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix Medical Group - Houston
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zulfiqar, Annum	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Victoria, TX 77904-3759	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) DeTar Hospital



# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 49/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 04/30/2024	<b>5</b> Corporation / Labor Organization name Brain and Spine Center of Southeast Texas	<b>6</b> Amount (\$) 99.00
Date 04/26/2024	Corporation / Labor Organization name Highlander Surgical Associates PLLC	Amount (\$) 99.00
Date 05/02/2024	Corporation / Labor Organization name Hospitalist Concepts Consulting, PLLC	Amount (\$) 99.00

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 50/57
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/22/2024	<b>5</b> Corporation / Labor Organization name Texas Medical Association	<b>6</b> Amount (\$) 28,291.23

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 51/57	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 05/23/2024	<b>5</b> Payee name BUC-EE'S	
<b>6</b> Amount (\$) \$102.07  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2760 IH 35 North  New Braunfels, TX 78130	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for fundraiser to support John Kuempel for HD 44
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2024	Payee name Craig Goldman For Congress	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 100039  Fort Worth, TX 76185	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Craig Goldman, U.S. HOUSE TX 12
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2024	Payee name DeWayne Burns for State Representative	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 703 Stonelake Drive  Cleburne, TX 76033	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DeWayne Burns, STATE HOUSE 58th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 52/57	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 05/14/2024	<b>5</b> Payee name Dr. Brian Babin For Congress
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<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 159  Woodville, TX 75979
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brian Babin, U.S. HOUSE TX 36TH
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/21/2024	Payee name Dr. Lalani for Texas
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 6514  Houston, TX 77265
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Suleman Lalani, STATE HOUSE 76th TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/21/2024	Payee name Frazier for Texas
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Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4100 Eldorado Pkwy, Ste. 100 PMB 241 McKinney, TX 75070
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frederick Frazier, STATE HOUSE 61st TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 54/57	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 05/10/2024	<b>5</b> Payee name Hillary Hickland Campaign
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<b>6</b> Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6318 Brayson Oaks Ct.  Belton, TX 76513
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hillary Hickland, STATE HOUSE 55th TX
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/15/2024	Payee name Jarvis for Texas
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Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 16600  Houston, TX 77222
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jarvis Johnson, STATE SENATE 15th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/21/2024	Payee name Jeff Bauknight Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 4122  Victoria, TX 77903
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jeff Bauknight, STATE HOUSE 30th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 56/57	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 05/21/2024	<b>5</b> Payee name Lynn Stucky Campaign
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 464  Denton, TX 76202
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lynn Stucky, STATE HOUSE 64th TX
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/22/2024	Payee name Sam's Club
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Amount (\$) \$104.21  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12349 I-35 N  San Antonio, TX 78233
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for fundraiser to support John Kuempel for HD 44
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/10/2024	Payee name Sarah Eckhardt for State Senate
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 301586  Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sarah Eckhardt, STATE SENATE 14th TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 57/57	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658	
<b>4</b> Date 05/14/2024	<b>5</b> Payee name Texas Press Service Inc.		
<b>6</b> Amount (\$) \$2,999.62  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 8800 Business Park Dr. #100  Austin, TX 78759		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brent Hagenbach - STATE SENATE/30 Inkind expenditure for newspaper ads	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held