

# 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>				1 Filer ID (Ethics Commission Filers) 00016271	2 Total pages filed: 34
3 COMMITTEE NAME Texas Pharmacy Association PAC				<b>OFFICE USE ONLY</b>	
				Date Received <b>ELECTRONICALLY FILED</b> 07/08/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3200 Steck Ave Suite 370 Austin, TX 78757				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Debbie B	MI MI	Date Hand-delivered or Date Postmarked	
				Receipt #                                      Amount	
				Date Processed	
				Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Ave. Ste. 370 Austin, TX 78757				
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Ave. Ste. 370 Austin, TX 78757				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
		(512) 615-9170			
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input checked="" 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 type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month      Day      Year	THROUGH		Month      Day      Year	
		05/26/2024		06/25/2024	

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Pharmacy Association PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00016271
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. 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	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,391.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 7,176.08
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 135,450.55
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.

Mrs. Debbie B Garza  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Pharmacy Association PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00016271
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,187.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 604.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,176.08
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: 1/28 Rpt: 4/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abdul, Wali <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abu-Baker, Asim <hr/> Contributor address; City; State; Zip Code  Kingsville, TX 78363	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarado, Christopher <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253-6283	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ameen, Michelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-4399	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ash, Susan <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546-4443	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/28 Rpt: 5/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Kelsey <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78240-2459	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Kelsey <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240-2459	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bamgbade, Benita <hr/> Contributor address; City; State; Zip Code  Providence, RI 02903-1933	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bayer, Adam <hr/> Contributor address; City; State; Zip Code  Vernon, TX 76384-3165	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bayer, Adam <hr/> Contributor address; City; State; Zip Code  Vernon, TX 76384-3165	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/28 Rpt: 6/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beall, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tatum, TX 75691-3769	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beall, Michelle <hr/> Contributor address; City; State; Zip Code  Tatum, TX 75691-3769	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beall, Michelle <hr/> Contributor address; City; State; Zip Code  Tatum, TX 75691-3769	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beatty, Ashley <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396-5134	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bennett, Jayla <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459-1574	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/28 Rpt: 7/34
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 06/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76017-1739	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132-2927	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Tatiana	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  San Angelo, TX 76904-8121	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  College Station, TX 77845-5560	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burney, Cheryl	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Houston, TX 77231-1219	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/28 Rpt: 8/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cannon, LaVonia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77407-4036	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carruthers, Robert <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79118-1140	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carvajal, Raymond <hr/> Contributor address; City; State; Zip Code  Shavano Park, TX 78230-5626	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cervantes, Adrian <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552-6232	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheatheat, Jamie <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108-6988	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/28 Rpt: 9/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 05/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ching, Rannon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738-6067	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Church, Ellen <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76133	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-8213	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-8213	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coates, Denys <hr/> Contributor address; City; State; Zip Code  Stephenville, TX 76401-2460	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/28 Rpt: 10/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comfort, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729-6479	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comfort, Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729-6479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Compean, Deborah <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79938-4850	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corrales, Lauren <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78244-1986	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coy, Carmen <hr/> Contributor address; City; State; Zip Code  Fulshear, TX 77441-0608	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/28 Rpt: 11/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dam, Vinh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Thomas <hr/> Contributor address; City; State; Zip Code  Waxahachie, TX 75165-1590	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Theresa <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2729	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dozier, Dawn <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584-7210	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driver, Patricia <hr/> Contributor address; City; State; Zip Code  Channelview, TX 77530-4559	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/28 Rpt: 12/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fat-Anthony, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78574-1202	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernandez, Ricardo <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226-1676	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fry, Wilson <hr/> Contributor address; City; State; Zip Code  San Benito, TX 78586-5006	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Aaron <hr/> Contributor address; City; State; Zip Code  Andrews, TX 79714-3618	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilbert, Aaron <hr/> Contributor address; City; State; Zip Code  Garland, TX 75040-8799	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/28 Rpt: 13/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502-4119	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Santos <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504-4764	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, Matthew <hr/> Contributor address; City; State; Zip Code  Woodville, TX 75979-6217	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guidry, Greg <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641-4267	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hakam, Amer <hr/> Contributor address; City; State; Zip Code  Peoria, AZ 85383-6668	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/28 Rpt: 14/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Lee Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Detroit, TX 75436-4500	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Lee Ann <hr/> Contributor address; City; State; Zip Code  Detroit, TX 75436-4500	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayden, Lauren <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015-6580	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayden, Lauren <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015-6580	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hickman, Kasey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-2834	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/28 Rpt: 15/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) High, W. Carter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-6648	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) High, W. Carter <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-6648	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hobart, Christopher <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423-6165	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Michael <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586-2822	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huntsman, Lisa <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-9291	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/28 Rpt: 16/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Icard, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tomball, TX 77375-4867	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Stephanie <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581-8835	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kadivi, Kyle <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-2646	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kandi, Sirisha <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-5985	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code  Saginaw, TX 76131-2911	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/28 Rpt: 17/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Grace <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lantana, TX 76226-8904	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Ji Yeon <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klein, Mary <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-8181	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krasner, Larry <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-1451	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lara-Nevarez, Maricela <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077-1824	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/28 Rpt: 18/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawani Naylor, Hanifath	<b>7</b> Amount of Contribution (\$) \$4.00
<b>6</b> Contributor address; City; State; Zip Code  Los Fresnos, TX 78566-7921		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Grace	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Richardson, TX 75081-4990		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Flower Mound, TX 75028-1466		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machu, Tina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Benbrook, TX 76126-4552		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manak, Tiffany	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Spring Branch, TX 78070-5085		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/28 Rpt: 19/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayes, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75228-1943	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElroy, Lee <hr/> Contributor address; City; State; Zip Code  Andrews, TX 79714-2602	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McEntire, Crystal <hr/> Contributor address; City; State; Zip Code  Wheeler, TX 79096-0230	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKeefer, Haley <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-1579	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McMahon, Linda <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-4529	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/28 Rpt: 20/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McMahon, Linda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093-4529	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McMillan, Chris <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216-3099	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcanally, Bruce <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3211	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcanally, Bruce <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3211	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code  Eastland, TX 76448-2536	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/28 Rpt: 21/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montalbano, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bay St Louis, MS 39521-3736	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Jerry(Jay) <hr/> Contributor address; City; State; Zip Code  Texarkana, AR 71854-8169	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moussallie, George <hr/> Contributor address; City; State; Zip Code  Edgewood, WA 98371-1408	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murhammer, Payal <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-3793	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ndu, Adaeze <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035-6572	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/28 Rpt: 22/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Notturmo-Strong, Debra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tuscola, TX 79562-3435	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nwosu, Tochi <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77469-5725	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortiz, Alejandra <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78237-3361	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ouellette, Craig <hr/> Contributor address; City; State; Zip Code  Wellington, TX 79095-5031	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owens, Michele <hr/> Contributor address; City; State; Zip Code  Wylie, TX 75098-8216	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/28 Rpt: 23/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Stephanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Borger, TX 79008-3282	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Chantelle <hr/> Contributor address; City; State; Zip Code  Fresno, TX 77545-2318	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paruszewski, Kevin <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379-7815	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poff, Vivian <hr/> Contributor address; City; State; Zip Code  Wills Point, TX 75169-6607	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poloyac, Sam <hr/> Contributor address; City; State; Zip Code  Austin, TX 78712	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/28 Rpt: 24/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagan, Carol <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2611	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagan, Carol <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2611	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richardson, LaToria <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201-8458	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rider, Kay <hr/> Contributor address; City; State; Zip Code  Prague, OK 74864-1501	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Christopher <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080-3130	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/28 Rpt: 25/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romero, Miguel <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79911-2237	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacy Technician		<b>9</b> Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sambola, Danny <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748-2804	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval, Adrian <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78542-2438	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarraj, Nada <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095-2856	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Savarino, Amy <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-5516	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/28 Rpt: 26/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaffer, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-5300	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz, David <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75087-2404	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seagroves, Steven <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77316-2470	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Selby, Kelly <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205-8408	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sohail, Samia <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-5858	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/28 Rpt: 27/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soman, Steve <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77833-4013	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stallings, Amanda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728-4458	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talbott, Sandra <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478-4009	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78204-2178	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204-2358	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/28 Rpt: 28/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Hang	<b>7</b> Amount of Contribution (\$) \$4.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78726-1936		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valadez, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Cypress, TX 77429-2828		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Varkey, Alex	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77479-3751		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Daniel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  McAllen, TX 78501-9006		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vu, Julie	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Bentonville, AR 72713-3181		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/28 Rpt: 29/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wall, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204-3115	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace-Gay, Takova <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757-1312	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weller, Charlotte <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75710-1411	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weller, Charlotte <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75710-1411	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whittle, Zachary <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013-5950	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/28 Rpt: 30/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, Loynecia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Manvel, TX 77578-3285	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, RPh, Paul <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605-6667	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willis, Courtney <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757-8239	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wong, Annie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77039-4120	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woody, Bonnie <hr/> Contributor address; City; State; Zip Code  North Richland Hills, TX 76180-7843	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/28 Rpt: 31/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woody, Bonnie <hr/> <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76180-7843	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xavier, Christy <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76001-5640	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yoo, Min <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071-0117	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) York, Christina J <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-2404	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# 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: 32/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/23/2024	<b>5</b> Corporation / Labor Organization name Capital Area Pharmacy Association	<b>6</b> Amount (\$) 500.00
Date 06/21/2024	Corporation / Labor Organization name Dynamic Veterinary Compounding Pharmacy	Amount (\$) 50.00
Date 06/01/2024	Corporation / Labor Organization name Highland Drug, Inc	Amount (\$) 4.00
Date 05/31/2024	Corporation / Labor Organization name Lone Star Pharmacy	Amount (\$) 50.00



# 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: 33/34
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 05/30/2024	<b>5</b> Corporation / Labor Organization name Texas Pharmacy Association	<b>6</b> Amount (\$) 1,600.00

# 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: 1/1 Rpt: 34/34	<b>2</b> FILER NAME Texas Pharmacy Association PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016271
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<b>4</b> Date 06/01/2024	<b>5</b> Payee name Reynolds & Franke
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<b>6</b> Amount (\$) \$140.00	<b>7</b> Payee address; City; State; Zip Code 6850 Austin Center Blvd, Ste 100  Austin, TX 78731
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 Accounting fees related to preparation and filing of Form 990 Extension
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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 06/23/2024	Payee name Texas Pharmacy Association
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Amount (\$) \$7,036.08	Payee address; City; State; Zip Code 3200 Steck Ave, Suite 370  Austin, TX 78757
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 Reimbursement for Student Leadership Institute event expenses
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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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