

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 8.40
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,431.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 271,593.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,504.64
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 type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 21,926.95
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	\$ 5,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 6/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Michael L. <hr/> 6 Contributor address; City; State; Zip Code Aurora, TX 76078-4610	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Susan Rudd <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76132-1066	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Worth Allergy & Asthma Associates
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Keith A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3931	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Downtown Eye Associates
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-3735	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chike-Obi, Chuma J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2038	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 7/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75244-7446	7 Amount of Contribution (\$) \$177.09
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Epic Pain and Orthopedics
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordon Juarez, Ana <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407-3595	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UMC Physicians
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossett, Lucy McCauley <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262-0619	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carolyn A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-4911	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Pediatric Assoc.
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firouzbakht, Noushin A. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-5766	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 8/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Gary W.	7 Amount of Contribution (\$) \$625.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6301	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Carmen T.	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code San Antonio, TX 78229-4733	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alamo Heights Pediatrics
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmer, William S.	Amount of Contribution (\$) \$212.50
	Contributor address; City; State; Zip Code Houston, TX 77005-2613	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) William S. Gilmer, MD, PA
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Brock E.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Austin, TX 78757-1234	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Rheumatology Associates
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkes, David Norman	Amount of Contribution (\$) \$625.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-2221	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pathology Reference Laboratory, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 9/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712-7565	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4492	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-7753	Amount of Contribution (\$) \$177.09
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC
Date 07/17/2024	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
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimbrough, Thomas Duke <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-7839	Amount of Contribution (\$) \$937.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 10/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massingill, George Sealy <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Patrick Allen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5856	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Consultants of San Antonio-Medica
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minna, John Dorrance <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-1272	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 07/17/2024	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
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Arnold J. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-5855	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Care, P.L.L.C

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 11/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Richard Burke	7 Amount of Contribution (\$) \$16.50
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76110-2615	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Arlington Emergency Medicine Associates
Date 07/17/2024	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 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Dallas, TX 75244-7703	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix Medical Group
Date 07/17/2024	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
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Eldon Stevens	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Lubbock, TX 79493-6685	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 12/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Radiology Group, PA <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Radiology Group, PA <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Radiology Group, PA <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Radiology Group, PA <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Radiology Group, PA <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 13/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Radiology Group, PA	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Radiology Group, PA	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Radiology Group, PA	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splenser, Andres E.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-5000	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Endocrinology Clinics of Texas, PA
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Elizabeth	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479-2105	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Premier Internal Medicine Assoc PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 14/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vijjeswarapu, Daniel V. <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	7 Amount of Contribution (\$) \$625.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CentroMed
Date 07/17/2024	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
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Lisa E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5232	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kelsey-Seybold Clinic
Date 07/15/2024	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 07/17/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 15/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Rodney B. <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124-3904	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Tech Univ Family Health Center-Cli
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yusoof, Syed Ather <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-6437	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panacea Clinic

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 16/18
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/22/2024	5 Corporation / Labor Organization name Texas Medical Association	6 Amount (\$) 21,926.95

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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 17/18	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 07/22/2024	5 Payee name Ann Johnson Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 56386 Houston, TX 77256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ann Johnson, STATE HOUSE 134th TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2024	Payee name Brent Hagenbuch Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 Shoreline Dr #310 Denton, TX 76210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 Hagenbuch, STATE SENATE 30th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2024	Payee name Dr. Brad Buckley Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1321 Pershing Drive Killeen, TX 76549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brad Buckley, STATE HOUSE 54th TX
Complete <u>ONLY</u> 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 18/18	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 07/22/2024	5 Payee name Mano DeAyala Campaign
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 12335 Kingsride Lane #416 Houston, TX 77024
<input type="checkbox"/> Expenditure from corporate funds	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mano DeAyala, STATE HOUSE 133rd TX
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/23/2024	Payee name Matt Morgan for Texas
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 503 FM 359 Ste. 130 Richmond, TX 77406
<input type="checkbox"/> Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Matt Morgan, STATE HOUSE 26th 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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