



# 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.)	Candy Noble State Representative	

<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)	\$ 16,383.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 12,047.99
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 181,428.55
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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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<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.)	Bryan Hughes State Senator	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		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.)	Toni Rose State Representative	

# 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	\$ 13,729.00
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	\$ 1,054.00
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	\$ 12,047.99
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: 1/37 Rpt: 5/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/01/2024	<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 07/09/2024	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 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilera, Lydia <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78502-4226	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguirre, Adrian <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78214	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguirre, Melissa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	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: 2/37 Rpt: 6/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahmad, Shawn <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78251	<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 07/20/2024	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 07/19/2024	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 (\$)  \$115.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/28/2024	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 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arora, MadhuRima <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077-1499	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: 3/37 Rpt: 7/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/22/2024	<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 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartlemay, Susan <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75706	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/02/2024	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 07/04/2024	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 (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/08/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/37 Rpt: 8/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benito, Chris <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<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 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boboye, Law <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017-1739	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brouse, Sara <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bueche, Jay <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-2927	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bueche, Jay <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-2927	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: 5/37 Rpt: 9/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bueche, Jay <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-2927	<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 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bujnoch, Tatiana <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76904-8121	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buras, Lynde <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-5560	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buras, Lynde <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-5560	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burney, Cheryl <hr/> Contributor address; City; State; Zip Code  Houston, TX 77231-1219	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>		1 Total pages Schedule A1: Sch: 6/37 Rpt: 10/45
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burpo, Brian	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78249	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cannon, LaVonia	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Richmond, TX 77407-4036	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrillo, Analisa	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carruthers, Robert	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79118-1140	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carvajal, Charlie	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78214	
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: 7/37 Rpt: 11/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carvajal, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78201	<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 07/19/2024	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	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cashaw, Jaimee <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004-5221	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cauthon, Kimberly <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/23/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/37 Rpt: 12/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheatheam, Jamie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76108-6988	<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 07/15/2024	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 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Paige <hr/> Contributor address; City; State; Zip Code  Wilsonville, OR 97070-8871	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/22/2024	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 07/19/2024	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	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: 9/37 Rpt: 13/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortinas, Teo <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78201	<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 07/01/2024	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)
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruse, Brittney <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cuevas, Johnathan <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dam, Vinh <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	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: 10/37 Rpt: 14/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Jason	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78233		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Jason	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78233-5386		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Thomas	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Waxahachie, TX 75165-1590		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deleon, Alfredo	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78245		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dozier, Dawn	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Pearland, TX 77584-7210		
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: 11/37 Rpt: 15/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driver, Patricia	<b>7</b> Amount of Contribution (\$) \$4.00
<b>6</b> Contributor address; City; State; Zip Code  Channelview, TX 77530-4559		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edmundson, Laura	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  LUFKIN, TX 75904-4521		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emfinger, Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Kemp, TX 75143-0569		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fat-Anthony, William	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Mission, TX 78574-1202		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernandez, Ricardo	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Argyle, TX 76226-1676		
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: 12/37 Rpt: 16/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fierro, Candice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Giddings, TX 78942	<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 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fix, Jennifer <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028-6728	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/06/2024	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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Ari <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Monica <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	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: 13/37 Rpt: 17/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Rudy	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78201		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garnsey, CalliLayne	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Boerne, TX 78006-2177		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbs, Patricia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Boerne, TX 78015		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Aaron	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Andrews, TX 79714-3618		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giuntoli, Stephanie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Bremerton, WA 98310-2622		
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: 14/37 Rpt: 18/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/25/2024	<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 07/01/2024	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 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guidry, Guidry <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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Ana <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	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: 15/37 Rpt: 19/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/15/2024	<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 07/05/2024	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 07/19/2024	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 (\$)  \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hickman, John <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071-3435	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 07/16/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/37 Rpt: 20/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hobart, Christopher	<b>7</b> Amount of Contribution (\$) \$60.00
<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79423-6165		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hobart, Christopher	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Lubbock, TX 79423-6165		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hopson, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78703-3125		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Michael	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Seabrook, TX 77586-2822		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Icard, David	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code  Tomball, TX 77375-4867		
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: 17/37 Rpt: 21/45
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Almira	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78201	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Stephanie	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581-8835	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kadivi, Kyle	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Frisco, TX 75034-2646	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalisky, Connor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Schertz, TX 78154	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kamper, Jennifer	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Rockwall, TX 75032-5856	
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: 18/37 Rpt: 22/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kandi, Sirisha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019-5985	<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 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keener, Summer <hr/> Contributor address; City; State; Zip Code  Lorena, TX 76655-3517	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerai, Asad <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78250	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/18/2024	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)
Date 07/18/2024	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 (\$)  \$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: 19/37 Rpt: 23/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/01/2024	<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 07/01/2024	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 07/19/2024	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 07/19/2024	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 (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/20/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/37 Rpt: 24/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kravchenko, Anastasia <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78254	<b>7</b> Amount of Contribution (\$)  \$110.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuo, Grace <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ladikos, Nicholas <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawani Naylor, Hanifath <hr/> Contributor address; City; State; Zip Code  Los Fresnos, TX 78566-7921	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Grace <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081-4990	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: 21/37 Rpt: 25/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leger, Erica <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78279-3002	<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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Matthew <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lingam, Sravanthi <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-1466	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lusson, Aimee <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-5362	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Madhani, Amyn <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	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: 22/37 Rpt: 26/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mares, Amanda <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78253	<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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Gilbert <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78245	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGrath, John <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/15/2024	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) Pharmacist		Employer (See Instructions)
Date 07/18/2024	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: 23/37 Rpt: 27/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcanally, Bruce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-3211	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 07/01/2024	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 07/11/2024	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)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mehta, Mita <hr/> Contributor address; City; State; Zip Code  Lantana, TX 76226-6606	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mikulas, Emily <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023-3615	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: 24/37 Rpt: 28/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Jerry (Jay)	<b>7</b> Amount of Contribution (\$)  \$4.00
	<b>6</b> Contributor address; City; State; Zip Code  Texarkana, AR 71854-8169	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moussallie, George	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Edgewood, WA 98371-1408	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murhammer, Payal	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028-3793	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ndu, Adaeze	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Frisco, TX 75035-6572	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Tram	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Richmond, TX 77407-1957	
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: 25/37 Rpt: 29/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nicholas, Casey <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nicholas, Casey <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-0188	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Notturmo-Strong, Debra <hr/> Contributor address; City; State; Zip Code  Tuscola, TX 79562-3435	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivares, Manuel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	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: 26/37 Rpt: 30/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ouellette, Craig <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wellington, TX 79095-5031	<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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oviedo, Jesus <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Marta <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Stephanie <hr/> Contributor address; City; State; Zip Code  Borger, TX 79008-3282	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/24/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/37 Rpt: 31/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Chantelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fresno, TX 77545-2318	<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 07/01/2024	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 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Pamela <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-1642	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perales-Broekemeier, Stephanie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petty, Brittany <hr/> Contributor address; City; State; Zip Code  Bangs, TX 76823	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: 28/37 Rpt: 32/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petty, Brittany	<b>7</b> Amount of Contribution (\$) \$4.00
<b>6</b> Contributor address; City; State; Zip Code  Bangs, TX 76823		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce, Tracy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78260-1846		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piper, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Midlothian, TX 76065-5561		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Purser, Tim	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Lubbock, TX 79424-6066		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quezada, Beto	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78258		
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: 29/37 Rpt: 33/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangani, Arvind <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Colony, TX 75056-3712	<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 07/24/2024	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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Recio, Analicia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78223	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/11/2024	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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Sarah <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78223	Amount of Contribution (\$)  \$40.00
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: 30/37 Rpt: 34/45
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romero, Miguel	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  El Paso, TX 79911-2237	
8 Principal occupation / Job title (See Instructions) Pharmacy Technician		9 Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rumsey, Ronald	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230-1721	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rumsey, Ronald	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230-1721	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santos, Mario	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78201	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaffer, Kimberly	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613-5300	
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: 31/37 Rpt: 35/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75087-2404	<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 07/01/2024	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 06/28/2024	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 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Selmser, George <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386-4473	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shimada, Misty <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059-3225	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: 32/37 Rpt: 36/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeeler, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748	<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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa, David <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stultz, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taber, Priscilla <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbot, 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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/37 Rpt: 37/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tapia, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78204-2178	<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 07/01/2024	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)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Hang <hr/> Contributor address; City; State; Zip Code  Austin, TX 78726-1936	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trejo, Mara <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78245	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Angelina <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76048-5802	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: 34/37 Rpt: 38/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Angelina	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Granbury, TX 76048-5802		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vargas, Michelle	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78240		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vidaurri, Marco	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78254		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	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)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace-Gay, Takova	Amount of Contribution (\$)  \$4.00
Contributor address; City; State; Zip Code  Bullard, TX 75757-1312		
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: 35/37 Rpt: 39/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weller, Charlotte <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75710-1411	<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 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Leonard <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75070	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilder, Justin <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-0441	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, Loynecia <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578-3285	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/01/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/37 Rpt: 40/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willis, Courtney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bullard, TX 75757-8239	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacy Technician		<b>9</b> Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Ashley <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 07/05/2024	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 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Britney <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Britney <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	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: 37/37 Rpt: 41/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yoo, Min <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75071-0117	<b>7</b> Amount of Contribution (\$) \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
<b>Date</b> 06/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zaheer, Mohammad <hr/> <b>Contributor address; City; State; Zip Code</b>  Friendswood, TX 77546-7912	<b>Amount of Contribution (\$)</b> \$4.00
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b>

# 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: 42/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 07/19/2024	<b>5</b> Corporation / Labor Organization name Bexar County Pharmacy Association	<b>6</b> Amount (\$) 1,000.00
Date 07/01/2024	Corporation / Labor Organization name Highland Drug, Inc	Amount (\$) 4.00
Date 07/23/2024	Corporation / Labor Organization name Scott's 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: 43/45
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 06/30/2024	<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: 1/2 Rpt: 44/45	<b>2</b>	FILER NAME Texas Pharmacy Association PAC	<b>3</b>	Filer ID (Ethics Commission Filers) 00016271
<b>4</b>	Date 07/13/2024	<b>5</b>	Payee name Bexar County Pharmacy Association		
<b>6</b>	Amount (\$) \$2,947.99	<b>7</b>	Payee address; City; State; Zip Code PO Box 100604  San Antonio, TX 78201		
<input checked="" type="checkbox"/>	Expenditure from corporate funds				
<b>8</b>	<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 PAC event expenses		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/13/2024		Payee name Bryan Hughes Campaign		
	Amount (\$) \$2,500.00		Payee address; City; State; Zip Code PO Box 450  Mineola, TX 75773		
<input type="checkbox"/>	Expenditure from corporate funds				
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/13/2024		Payee name Candy Noble Campaign		
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 1105 E Main St, #223  Allen, TX 75002		
<input type="checkbox"/>	Expenditure from corporate funds				
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution		
		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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 45/45	<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 07/19/2024	<b>5</b> Payee name Patricia Schmidt CPA
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<b>6</b> Amount (\$) \$4,100.00	<b>7</b> Payee address; City; State; Zip Code 11782 Jollyville Rd  Austin, TX 78759
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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 Financial Audit Services
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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 07/13/2024	Payee name Toni Rose Campaign
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 41867  Dallas, TX 75241
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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) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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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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