MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The M	PAC Instruction (Guide explains how to complete this form	1 Filer ID (Ethics Commission Filers) 00016271	2 Total pages filed: 45
3 00	MMITTEE NAME			
	xas Pharmacy A	speciation BAC		OFFICE USE ONLY
Te.	kas Fhaimacy A			Date Received ELECTRONICALLY FILED 08/05/2024
	MMITTEE DRESS	ADDRESS / PO BOX; APT / SUITE #; 3200 Steck Ave Suite 370	CITY; STATE; ZIP	
	Change of Address			Date Hand-delivered or Date Postmarked
	MPAIGN EASURER ME	MS / MRS / MR FIRST Mrs. Debbie	MI	Receipt # Amount
		NICKNAME LAST Garza	SUI	Date Processed FFIX Date Imaged
TRI STI ADI	MPAIGN EASURER REET DRESS sidence or Business)	STREET ADDRESS (NO PO BOX PLEASI 3200 Steck Ave. Ste. 370 Austin, TX 78757	E); APT / SUITE #; CITY;	STATE; ZIP CODE
TRI MA	MPAIGN EASURER ILING DRESS Change of Address	STREET ADDRESS OR PO BOX; 3200 Steck Ave. Ste. 370 Austin, TX 78757	APT / SUITE #; CITY;	STATE; ZIP CODE
TR	MPAIGN EASURER ONE	AREA CODE PHONE NUMBER (512) 615-9170	EXTENSION	
9 RE	PORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
RE	NTHLY PORT FILING ADLINE		oril 5 July 5 ay 5 August 5 ne 5 September 9	October 5 November 5 December 5
11 PEI CO	RIOD VERED	Month Day Year 06/26/2024	THROUGH Mor 07/	nth Day Year 25/2024
			TO PAGE 2	
Forms	nrovided by Tex		ethics.state.tx.us	Version V4.1.0.48da51f

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Pharmacy Assoc	iation PAC		000162	71
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Candy Noble State Representa	ative	
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,383.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	12,047.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	181,428.55
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Debb	ie B Garza	a
		Signature of Car		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of c	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 45
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Pharmacy Associati	ion PAC			00016271	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Bryan Hughes State Senator		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Toni Rose State Representative	;	

FORM MPAC COVER SHEET PG 3

4 of 45

17 COMMITT	(Ethics Commission Filers)								
Texas Ph									
19 SCHEDUL	19 SCHEDULE SUBTOTALS								
NAME OF	SCHEDULE		SUBTOTAL AMOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,729.00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$						
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL	TION OR	\$						
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 1,054.00						
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 1,600.00						
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$						
9.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 12,047.99						
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$						
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$						

SUBTOTALS - MPAC

	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 1/37 Rpt: 5/45	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC		-	00016271	
4	Date		C (ID#:)	7	Amount of Contribution (\$)	
	07/01/2024	Abdul, Wali				\$4.00
	I	6 Contributor address; City; State; Zip Code		"		
		Carrollton, TX 75010				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Pharmacist			-,		
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	07/09/2024	Abu-Baker, Asim				\$60.00
	I	Contributor address; City; State; Zip Code		.		
		Kingsville, TX 78363	<u>.</u>			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	07/12/2024	Aguilera, Lydia				\$100.00
	I	Contributor address; City; State; Zip Code		"		
		ALL ALL TX 70500 4000				
	- · · ·	McAllen, TX 78502-4226		Ĺ		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				-		
	Date		C (ID#:)		Amount of Contribution (\$)	±100.00
	07/19/2024					\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78214				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist			·		
	Date	Full name of contributor Out-of-state PAC	I (ID#:)	Ι	Amount of Contribution (\$)	
	07/19/2024	Aguirre, Melissa				\$100.00
	I	Contributor address; City; State; Zip Code		.		
	I	San Antonio, TX 78201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
			I			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/37 Rpt: 6/45	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	macy Association PAC		00016271	0,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/19/2024	Ahmad, Shawn		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78251			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/20/2024	Alvarado, Christopher		\$10	00.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78253-6283			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Alvarado, Christopher		\$11	L5.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78253-6283			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/28/2024	Alvarado, Christopher		\$10	00.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78253-6283			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/30/2024	Arora, MadhuRima		\$5	50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77077-1499			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

Th	he Instru	ction Guide explains how to comp	plete this fo	orm.	1	Total pages Schedule A1: Sch: 3/37 Rpt: 7/45	
2 FIL	LER NAME				3	Filer ID (Ethics Commission	n Filers)
Те	exas Pharr	nacy Association PAC				00016271	
4 Da	ate 7/22/2024	5 Full name of contributor out-of-st Bailey, Kelsey	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$60.00
		6 Contributor address; City; State; Zip Co	de				
6 D ·		San Antonio, TX 78240-2459			Ĺ		
	ncipal occu narmacist	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Da	ate	Full name of contributor 🔲 out-of-st	tate PAC (ID#:)		Amount of Contribution (\$)	
07	7/25/2024	Bartlemay, Susan					\$100.00
		Contributor address; City; State; Zip Co					
		Tyler, TX 75706			Ĺ		
	narmacist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Da	ate	Full name of contributor out-of-st	tate PAC (ID#:_)		Amount of Contribution (\$)	
07	7/02/2024	Bayer, Adam					\$100.00
		Contributor address; City; State; Zip Con Vernon, TX 76384-3165					
	narmacist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Da	ate	Full name of contributor out-of-st	tate PAC (ID#:)		Amount of Contribution (\$)	
07	7/04/2024	Beall, Michelle					\$60.00
		Contributor address; City; State; Zip Co	de				
		Tatum, TX 75691-3769					
	incipal occu narmacist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Da	ate	Full name of contributor out-of-st	tate PAC (ID#:)		Amount of Contribution (\$)	
07	7/08/2024	Beall, Michelle					\$10.00
		Contributor address; City; State; Zip Co	de				
		Tatum, TX 75691-3769					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Ph	narmacist						

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/37 Rpt: 8/45	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	nacy Association PAC	00016271		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/19/2024	Benito, Chris			\$100.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78216			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Boboye, Law			\$4.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76017-1739			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/03/2024	Brouse, Sara			\$50.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/24/2024	Bueche, Jay			\$60.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78132-2927			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Bueche, Jay			\$100.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78132-2927			
Bringinal occur	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Pharmacist)	
Thaimacist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/37 Rpt: 9/45	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	Texas Pharmacy Association PAC			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/11/2024	Bueche, Jay			\$100.00
	6 Contributor address; City; State; Zip Code			
	New Braunfels, TX 78132-2927			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Bujnoch, Tatiana			\$4.00
	Contributor address; City; State; Zip Code			
	San Angelo, TX 76904-8121			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/20/2024	Buras, Lynde		· ·	\$60.00
				-
	College Station, TX 77845-5560			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/11/2024	Buras, Lynde	/		\$100.00
	Contributor address; City; State; Zip Code			
	College Station, TX 77845-5560			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist			, ,	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2024	Burney, Cheryl			\$4.00
	Contributor address; City; State; Zip Code			-
	Houston, TX 77231-1219			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist			, ,	

			· · · · · · · · · · · · · · · · · · ·				
	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 6/37 Rpt: 10/45	
2	2 FILER NAME					Filer ID (Ethics Commission	n Filers)
-		nacy Association PAC				00016271	
4	Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7	Amount of Contribution (\$)	
	07/19/2024	Burpo, Brian					\$100.00
		6 Contributor address; City; State; Zip Code	,		1		
		San Antonio, TX 78249					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> :)		
Ū	Pharmacist				·/		
	Date	Full name of contributor 🛛 out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	07/01/2024	Cannon, LaVonia					\$4.00
		Contributor address; City; State; Zip Code			1		
		Richmond, TX 77407-4036					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor out-of-state P)		Amount of Contribution (\$)	
	07/23/2024	Carrillo, Analisa					\$200.00
		Contributor address; City; State; Zip Code	,		1		
		,					
		Cedar Park, TX 78613			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist				-		
	Date		PAC (ID#:)		Amount of Contribution (\$)	
	07/01/2024	Carruthers, Robert					\$4.00
		Contributor address; City; State; Zip Code					
		Amarilla TX 70118-1140					
	Dringing occu	Amarillo, TX 79118-1140		Employer (See Instructions	<u> </u>		
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
					-		
	Date	Full name of contributor out-of-state P	•AC (ID#:)		Amount of Contribution (\$)	* 220.00
	07/19/2024						\$200.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78214					
<u> </u>	Dringingl occu			Employer (See Instructions	<u> </u>		
	Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions)		
<u> </u>	Fhamadist						

The Instruc	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1:	
	-				Sch: 7/37 Rpt: 11/45	
2 FILER NAME	nacy Association PAC			3	Filer ID (Ethics Commission 00016271	i Filers)
				Ļ		
4 Date 07/19/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	ቀ100 00
0//19/2024	Carvajal, Mark					\$100.00
	6 Contributor address; City; S	iate; Zip Code				
	San Antonio, TX 78201					
8 Principal occu	I pation / Job title (See Instructions)	 s)	9 Employer (See Instructions	<u> </u>		
Pharmacist		,				
Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
07/19/2024	Carvajal, Raymond	-				\$200.00
	Contributor address; City; S	tate; Zip Code		·		
	Shavano Park, TX 78230					
	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
Pharmacist			<u> </u>			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
06/28/2024	Cashaw, Jaimee					\$50.00
	Contributor address; City; S	tate; Zip Code]		
	Houston, TX 77004-5221					
Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>ر)</u>		
Pharmacist		<i>'</i>)		5)		
Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
07/19/2024	Cauthon, Kimberly	טעויטויאנגוב דאס עושיי	/			\$100.00
0112012021	Contributor address; City; S	tate [.] 7in Code				\$100.0
	San Antonio, TX 78249					
Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
Pharmacist						
Date	Full name of contributor	out-of-state PAC (ID#:_)	T	Amount of Contribution (\$)	
07/23/2024	Cervantes, Adrian					\$60.00
	Contributor address; City; S	tate; Zip Code		1		
	Harlingon TV 79552 622					
Dringing oggu	Harlingen, TX 78552-623		Employer (Cool Instructions	<u> </u>		
Principal occuj Pharmacist	pation / Job title (See Instructions	i)	Employer (See Instructions	S)		
Phannacist						
1						

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 8/37 Rpt: 12/45	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/01/2024	Cheatheam, Jamie			\$4.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76108-6988			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/15/2024	Clark, Lauren	/		\$60.00
01,10,202				400.0 2
	Continuutor address, City, State, Zip Code			
	Austin, TX 78757-8213			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ()	
Pharmacist)	
	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
Date 07/25/2024)	Amount of Contribution (\$)	\$100.00
0112312024				ΦT00.00
	Contributor address; City; State; Zip Code			
	Wilsonville, OR 97070-8871			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist				
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	±100.00
07/22/2024	Comfort, Mark			\$100.00
	Contributor address; City; State; Zip Code			
	Austin TV 20200 0470			
<u> </u>	Austin, TX 78729-6479			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Corrales, Lauren			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78244			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacist				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 9/37 Rpt: 13/45
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/19/2024	Cortinas, Teo		\$100.
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78201		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024	Coy, Carmen		\$4.0
	Contributor address; City; State; Zip Code		
	Fulshear, TX 77441-0608		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/20/2024	Cruse, Brittney		\$4.0
	Contributor address; City; State; Zip Code		
	Sugar Land, TX 77479		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/19/2024	Cuevas, Johnathan		\$200.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78259		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024	Dam, Vinh		\$4.
	Contributor address; City; State; Zip Code		
	Aledo, TX 76008		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Pharmacist			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/37 Rpt: 14/45	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	nacy Association PAC		00016271	1010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/19/2024	Davis, Jason		9	\$100.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78233			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/17/2024	Davis, Jason		9	\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78233-5386			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Davis, Thomas			\$4.00
	Contributor address; City; State; Zip Code			
	Waxahachie, TX 75165-1590			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Deleon, Alfredo		9	\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78245	I		
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
07/01/2024	Dozier, Dawn			\$4.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584-7210			
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions))	
Pharmacist				

	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 11/37 Rpt: 15/45	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC			00016271	. ,
4	Date	5 Full name of contributor out-of-state PAC ((ID#:)	7	Amount of Contribution (\$)	
	07/01/2024	Driver, Patricia				\$4.00
		6 Contributor address; City; State; Zip Code		1		
		Channelview, TX 77530-4559				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	07/18/2024	Edmundson, Laura				\$100.00
		Contributor address; City; State; Zip Code				
		LUFKIN, TX 75904-4521				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC ((ID#:)	Γ	Amount of Contribution (\$)	
	07/17/2024	Emfinger, Robert				\$100.00
		Contributor address; City; State; Zip Code				
		Kemp, TX 75143-0569				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC ((ID#:)	Γ	Amount of Contribution (\$)	
	07/01/2024	Fat-Anthony, William				\$4.00
		Contributor address; City; State; Zip Code]		
	D 1 stral see	Mission, TX 78574-1202		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Pharmacist			-		
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	÷ 1 00
	07/01/2024	Fernandez, Ricardo				\$4.00
		Contributor address; City; State; Zip Code				
		Arouto TV 76226-1676				
	Dringing ocg	Argyle, TX 76226-1676	Employer (Soo Instructions	<u> </u>		
	Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Fhamacist					

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 12/37 Rpt: 16/45	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
06/30/2024				\$50.00
	6 Contributor address; City; State; Zip Code			
	Giddings, TX 78942			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u>	
Pharmacist			, 	
Date	Full name of contributor out-of-state PAC (ID#:	t <u> </u>	Amount of Contribution (\$)	
07/22/2024				\$100.00
	Contributor address; City; State; Zip Code			
	Burleson, TX 76028-6728			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/06/2024	Fry, Wilson			\$60.00
	Contributor address; City; State; Zip Code			
D in the all again	San Benito, TX 78586-5006		、	
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
07/19/2024				\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78201			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Galvan, Monica			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78201			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/37 Rpt: 17/45	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	nacy Association PAC		00016271	1 110.07
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/19/2024	Galvan, Rudy			\$100.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78201			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
07/01/2024	Garnsey, CalliLayne			\$50.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78006-2177			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/19/2024	Gibbs, Patricia			\$100.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78015			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/10/2024	Gibson, Aaron			\$200.00
	Contributor address; City; State; Zip Code			
	Andrews, TX 79714-3618			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/30/2024	Giuntoli, Stephanie			\$50.00
	Contributor address; City; State; Zip Code			
	Bremerton, WA 98310-2622			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/37 Rpt: 18/45
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/25/2024			\$10.0
	6 Contributor address; City; State; Zip Code		
	Temple, TX 76502-4119		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Pharmacist)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/01/2024	— —		\$4.0
	Contributor address; City; State; Zip Code		
	Woodville, TX 75979-6217		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024	—		\$4.0
	Contributor address; City; State; Zip Code		
	Leander, TX 78641-4267		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/19/2024			\$100.0
	Contributor address; City; State; Zip Code		•
	San Antonio, TX 78201		
-	upation / Job title (See Instructions)	Employer (See Instructions	6)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/01/2024			\$4.0
	Contributor address; City; State; Zip Code		
	Peoria, AZ 85383-6668		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Pharmacist			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/37 Rpt: 19/45	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC			00016271	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/15/2024	Hampton, Lee Ann				\$50.00
		6 Contributor address; City; State; Zip Code				
		Detroit, TX 75436-4500				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Pharmacist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/05/2024	Hayden, Lauren				\$60.00
				1		
		Boerne, TX 78015-6580				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/19/2024	Hayden, Lauren				\$200.00
		Contributor address; City; State; Zip Code		1		
		Boerne, TX 78015-6580				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/21/2024	Hickman, John				\$100.00
		Contributor address; City; State; Zip Code		1		
		McKinney, TX 75071-3435		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacy T			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/16/2024	High, W. Carter]		\$100.00
		Contributor address; City; State; Zip Code				
		Fat Worth TV 76044 6640				
\vdash	Drinsipal apou	Fort Worth, TX 76244-6648	Employer (Coo Instructions			
	Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Phamacisi					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/37 Rpt: 20/45
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nacy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/08/2024	Hobart, Christopher		\$60.0
	6 Contributor address; City; State; Zip Code		
	Lubbock, TX 79423-6165		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/30/2024	Hobart, Christopher		\$50.0
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79423-6165		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/30/2024	Hopson, Charles		\$50.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78703-3125		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/01/2024	Hughes, Michael		\$4.0
	Contributor address; City; State; Zip Code		
	Seabrook, TX 77586-2822		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/01/2024	Icard, David		\$4.0
	Contributor address; City; State; Zip Code		
	Tomball, TX 77375-4867		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist			

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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/37 Rpt: 21/45	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC			00016271	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/19/2024	Johnson, Almira				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78201				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/01/2024	Joseph, Stephanie				\$4.00
		Contributor address; City; State; Zip Code		1		
		Pearland, TX 77581-8835				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/01/2024	Kadivi, Kyle				\$4.00
		Contributor address; City; State; Zip Code		1		
		Frisco, TX 75034-2646				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/19/2024	Kalisky, Connor				\$25.00
		Contributor address; City; State; Zip Code		1		
		Schertz, TX 78154				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/22/2024	Kamper, Jennifer				\$4.00
		Contributor address; City; State; Zip Code		1		
		Rockwall, TX 75032-5856				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist					
1						

The Insti	ruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/37 Rpt: 22/45	
2 FILER NAM	1E		3 Filer ID (Ethics Commission	n Filers)
	armacy Association PAC		00016271	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/01/202				\$4.00
	6 Contributor address; City; State; Zip Code			
	Coppell, TX 75019-5985			
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacis	st			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/30/202	4 Keener, Summer			\$50.00
	Contributor address; City; State; Zip Code			
	Lorena, TX 76655-3517			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacis				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/202		/		\$100.00
011101202				\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78250			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacis			,	
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
07/18/202)		\$60.00
07710/202	·			Φ00.00
	Contributor address; City; State; Zip Code			
	Saginaw, TX 76131-2911			
Dringingligg	cupation / Job title (See Instructions)	Employer (See Instructions	N	
Pharmacis		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/18/202	4 Killam-Worrall, Lisa			\$200.00
	Contributor address; City; State; Zip Code			
	Saginaw, TX 76131-2911			
-	cupation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacis	st			

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 19/37 Rpt: 23/45	
2 FILER NAME			3 Filer ID (Ethics Commission) Filers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of Contribution (\$)	
07/01/2024	Kim, Grace			\$4.00
	6 Contributor address; City; State; Zip Code			
	Lantana, TX 76226-8904			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)	
07/01/2024	Kim, Ji Yeon			\$4.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75093			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)	
07/19/2024	Klein, Mary	/		\$25.00
	Abilene, TX 79602-8181			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Pharmacist				
Date	Full name of contributor Out-of-state PAC (ID)#:	Amount of Contribution (\$)	
07/19/2024	Klein, Mary		(+)	\$100.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79602-8181			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Pharmacist			,	
Date	Full name of contributor Out-of-state PAC (ID)#·)	Amount of Contribution (\$)	
07/20/2024	Krasner, Larry)		\$50.00
0112012021	Contributor address; City; State; Zip Code			400.00
	Contributor address, City, State, Zip Code			
	Dallas, TX 75248-1451			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Pharmacist	,		,	

The Ins	truction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/37 Rpt: 24/45	
2 FILER NA	ME		3 Filer ID (Ethics Commission	Filers)
	armacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/19/20				\$110.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78254			
	ccupation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmac	ist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/15/20				\$100.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79119			
	ccupation / Job title (See Instructions)	Employer (See Instructions)	
Pharmac	ist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/25/20	24 Ladikos, Nicholas			\$100.00
	Contributor address; City; State; Zip Code			
Duin sin al l	Coppell, TX 75019		、 、	
Principal o Pharmac	ccupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷ 4 00
07/01/20				\$4.00
	Contributor address; City; State; Zip Code			
	Los Fresnos, TX 78566-7921			
Principal	ccupation / Job title (See Instructions)	Employer (See Instructions	۱	
Pharmac		Employer (See manuchons)	
		\		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	¢4.00
07/01/20				\$4.00
	Contributor address; City; State; Zip Code			
	Richardson, TX 75081-4990			
Principal	ccupation / Job title (See Instructions)	Employer (See Instructions)	
Pharmad)	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 21/37 Rpt: 25/45	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/30/2024	Leger, Erica			\$50.00
	6 Contributor address; City; State; Zip Code			
2. Duin singly again	San Antonio, TX 78279-3002		、	
8 Principal occu Pharmacist	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Lester, Matthew			\$100.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78006			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Lingam, Sravanthi			\$4.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75028-1466			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	.)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/25/2024	Lusson, Aimee			\$100.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78132-5362			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Madhani, Amyn			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78259			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				

	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 22/37 Rpt: 26/45	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC			00016271	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	07/19/2024	Mares, Amanda				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78253		_		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor 🔲 out-of-state PAC (II	D#:)	T	Amount of Contribution (\$)	
	07/19/2024	Martinez, Gilbert				\$50.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78245				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
	Date	Full name of contributor 🔲 out-of-state PAC (II	D#:)	Τ	Amount of Contribution (\$)	
	07/19/2024	McGrath, John				\$100.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78201	<u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist			-		
	Date		D#:)		Amount of Contribution (\$)	
	07/15/2024	McKeefer, Haley				\$10.00
		Contributor address; City; State; Zip Code				
		5-# West TV 76170 1570				
	Drinsipal acqu	Fort Worth, TX 76179-1579	Employer (Coo Instruction)	<u> </u>		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				-		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	÷20.00
	07/18/2024	McMahon, Linda				\$60.00
		Contributor address; City; State; Zip Code				
		Diana TV 75002 4520				
	Dringing oog	Plano, TX 75093-4529	Employer (Coo Instruction)	<u> </u>		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Flidilliacist					
1						

	The Instru	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A1: Sch: 23/37 Rpt: 27/45	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC				00016271	11 110:07
4	Date	5 Full name of contributor out-of-state	PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/13/2024	Mcanally, Bruce					\$150.00
		6 Contributor address; City; State; Zip Code	,				
		Austin, TX 78703-3211					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	07/01/2024	Mcelroy, Lee					\$4.00
		Contributor address; City; State; Zip Code			1		
		Andrews, TX 79714-2602					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	07/11/2024	Mcnabb, Benjamin					\$100.00
		Contributor address; City; State; Zip Code					
		Eastland, TX 76448-2536					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor out-of-state	PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/30/2024	Mehta, Mita					\$50.00
		Contributor address; City; State; Zip Code			1		
		Lantana, TX 76226-6606					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	07/12/2024	Mikulas, Emily					\$100.00
		Contributor address; City; State; Zip Code					
		Helotes, TX 78023-3615					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist						
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 24/37 Rpt: 28/45	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/01/2024	Morgan, Jerry (Jay)			\$4.00
	6 Contributor address; City; State; Zip Code			
	Texarkana, AR 71854-8169			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Moussallie, George			\$4.00
	Contributor address; City; State; Zip Code			
	Edgewood, WA 98371-1408			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Murhammer, Payal			\$4.00
	Contributor address; City; State; Zip Code			
- · · ·	Flower Mound, TX 75028-3793			
Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Ndu, Adaeze			\$4.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035-6572			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist)	
Date	Full name of contributor Out-of-state PAC (ID#:	\ \	Amount of Contribution (\$)	
07/25/2024	Full name of contributor out-of-state PAC (ID#: Nguyen, Tram)		\$100.00
UTLOLUL .	Contributor address; City; State; Zip Code			Ψ100.00
	Contributor address, City, State, Zip Code			
	Richmond, TX 77407-1957			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist	, , , ,		,	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/37 Rpt: 29/45	
2 FILER NAME			3 Filer ID (Ethics Commissior	n Filers)
	macy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/19/2024	Nicholas, Casey			\$200.00
	6 Contributor address; City; State; Zip Code			
	New Braunfels, TX 78132			
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/30/2024	Nicholas, Casey			\$50.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78132-0188			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Notturno-Strong, Debra			\$4.00
	Contributor address; City; State; Zip Code			
	Tuscola, TX 79562-3435			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2024	Nwosu, Tochi			\$4.00
	Contributor address; City; State; Zip Code			
	Richmond, TX 77469-5725		-	
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Olivares, Manuel			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78201			
	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Pharmacist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/37 Rpt: 30/45
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Pharr	nacy Association PAC		00016271
4 Date 07/01/2024	5 Full name of contributor out-of-state PAC (ID#: Ouellette, Craig)	7 Amount of Contribution (\$)\$4.00
	6 Contributor address; City; State; Zip Code		
	Wellington, TX 79095-5031		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/19/2024	Oviedo, Jesus		\$150.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78201		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/19/2024	Owen, Marta	,	\$100.00
···=	Contributor address; City; State; Zip Code		*
	San Antonio, TX 78253		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	() ()
Pharmacist			, ,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024	Palmer, Stephanie	/	\$4.00
01/01/202	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Borger, TX 79008-3282		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
Pharmacist			,
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/24/2024	Full name of contributor out-of-state PAC (ID#: Parker, Chantelle	/	\$60.00
0112412024			φου.ου
	Contributor address; City; State; Zip Code		
	Fresno, TX 77545-2318		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Pharmacist			

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 27/37 Rpt: 31/45
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of Contribution (\$)
07/24/2024	Parker, Chantelle		\$100.00
	6 Contributor address; City; State; Zip Code		
	Frame TV 77545 2210		
9 Dringinglogg	Fresno, TX 77545-2318	Employer (See Instructions	
Pharmacist	upation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
07/01/2024	Paruszewski, Kevin		\$4.00
	Contributor address; City; State; Zip Code		
	Spring, TX 77379-7815		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
06/30/2024	Patterson, Pamela		\$50.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75248-1642		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
07/19/2024	Perales-Broekemeier, Stephanie		\$200.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78258		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
07/01/2024	Petty, Brittany		\$4.00
	Contributor address; City; State; Zip Code		
	Bangs, TX 76823		
	upation / Job title (See Instructions)	Employer (See Instructions	
Pharmacist			

	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 28/37 Rpt: 32/45	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC			00016271	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/26/2024	Petty, Brittany				\$4.00
		6 Contributor address; City; State; Zip Code		1		
Ļ	<u> </u>	Bangs, TX 76823		Ĺ		
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	06/30/2024	Pierce, Tracy			· · · · · · · · · · · · · · · · · · ·	\$50.00
				·		
		San Antonio, TX 78260-1846				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
Γ	Date	Full name of contributor 🔲 out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/07/2024	Piper, John				\$100.00
		Contributor address; City; State; Zip Code		1		
	Dringing oppu	Midlothian, TX 76065-5561		<u> </u>		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
╞				.		
	Date		ID#:)		Amount of Contribution (\$)	ቀርብ በብ
	06/30/2024	Purser, Tim				\$50.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79424-6066				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
⊨	Date	Full name of contributor out-of-state PAC (I	I ID#:)	Ι	Amount of Contribution (\$)	
	07/19/2024	Quezada, Beto				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist					
Γ						

The Instru	iction Guide explains how to complete t	his form.	1 Total pages Schedule A1: Sch: 29/37 Rpt: 33/45
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Phar	macy Association PAC		00016271
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of Contribution (\$)
06/30/2024	3 <i>i</i>		\$50.00
	6 Contributor address; City; State; Zip Code		1
	The Colony, TX 75056-3712		<u> </u>
-	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>š</i>)
Pharmacist			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
07/24/2024			\$100.00
	Contributor address; City; State; Zip Code		
	Fort Worth TX 76100-2611		
Dringinal acc	Fort Worth, TX 76109-2611	Employer (See Instructions	
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions	3)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
07/19/2024			\$100.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78223		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Pharmacist			<i>"</i>
			Amount of Contribution (\$)
Date 07/11/2024	Full name of contributor out-of-state PAC Rider, Kay	(ID#:)	Amount of Contribution (\$) \$60.00
0111112027	-		φυυ.υυ
	Contributor address; City; State; Zip Code		
1			
	Prague, OK 74864-1501		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Pharmacist			,
Date	Full name of contributor Out-of-state PAC		Amount of Contribution (\$)
07/19/2024		(10#,	\$40.00
-	Contributor address; City; State; Zip Code		•
1			
1			
	San Antonio, TX 78223		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Pharmacist			
		I	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/37 Rpt: 34/45	
2 FILER NAME			3 Filer ID (Ethics Commission	1 Filers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/25/2024	Romero, Miguel			\$25.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79911-2237			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacy T	echnician			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
07/11/2024	Rumsey, Ronald			\$2,500.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230-1721			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
07/24/2024	Rumsey, Ronald			\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230-1721			
	pation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Santos, Mario			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78201			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Schaffer, Kimberly			\$4.00
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613-5300			
-	pation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 31/37 Rpt: 35/45	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	nacy Association PAC		00016271	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/01/2024	Schwartz, David			\$4.00
	6 Contributor address; City; State; Zip Code			
	Rockwall, TX 75087-2404			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Seagroves, Steven			\$4.00
	Contributor address; City; State; Zip Code			
	Montgomery, TX 77316-2470			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist			,	
Date	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
06/28/2024)		\$100.00
00/20/2024	Selby, Kelly			\$100.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76205-8408			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist)	
	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
Date)	Amount of Contribution (\$)	\$100.00
07/24/2024	Selmser, George			\$T00.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77386-4473			
Dringing Loogu	pation / Job title (See Instructions)	Employer (See Instructions	N	
Pharmacist		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/30/2024	Shimada, Misty			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77059-3225			
-	pation / Job title (See Instructions)	Employer (See Instructions		
Pharmacist				

	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/37 Rpt: 36/45	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		nacy Association PAC				00016271	1111013)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/22/2024	Skeeler, William					\$4.00
		6 Contributor address; City; S	tate; Zip Code				
		Austin, TX 78748					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/19/2024	Sosa, David					\$100.00
		Contributor address; City; S			1		
		San Antonio, TX 78201					
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/19/2024	Stultz, James					\$100.00
		Contributor address; City; S	tate; Zip Code				
		San Antonio, TX 78201					
	-	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/19/2024	Taber, Priscilla					\$100.00
		Contributor address; City; S	tate; Zip Code		1		
		San Antonio, TX 78260					
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Pharmacist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/01/2024	Talbott, Sandra					\$4.00
		Contributor address; City; S					
		Sugar Land, TX 77478-40		L	Ĺ		
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Pharmacist						

The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A1: Sch: 33/37 Rpt: 37/45		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	macy Association PAC	00016271		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/17/2024	Tapia, Daniel			\$60.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78204-2178			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2024	Thomas, Justin			\$4.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75204-2358			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Tran, Hang			\$4.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78726-1936			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Trejo, Mara			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78245			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist)	
	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (¢)	
Date 07/11/2024	Full name of contributor out-of-state PAC (ID#: Tucker, Angelina)	Amount of Contribution (\$)	\$50.00
0771172024			φ <u></u> 00.00	
	Contributor address; City; State; Zip Code			
	Granbury, TX 76048-5802			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Pharmacist	······································		/	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 34/37 Rpt: 38/45		
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	macy Association PAC	00016271	ς,	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/25/2024	Tucker, Angelina		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Granbury, TX 76048-5802		-	
8 Principal occu Pharmacist	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Vargas, Michelle	/		00.00
0111312024	-		\$±0	10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist			'	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
07/19/2024	Vidaurri, Marco	/		00.00
0111312024			\$±0	10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78254			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist	•		·	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2024	Vu, Julie			\$4.00
	Contributor address; City; State; Zip Code			
	Bentonville, AR 72713-3181			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2024	Wallace-Gay, Takova		\$	\$4.00
	Contributor address; City; State; Zip Code			
	Bullard, TX 75757-1312			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist				
		<u> </u>		

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 35/37 Rpt: 39/45		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	macy Association PAC	00016271		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/22/2024			\$6	60.00
	6 Contributor address; City; State; Zip Code			
	Tyler, TX 75710-1411			
 8 Principal occu Pharmacist 	upation / Job title (See Instructions)	9 Employer (See Instructions	·)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/20/2024	White, Leonard)		00.00
0112012021			· · · · · · · · · · · · · · · · · · ·	0.00
	Contributor address, City, State, Zip Code			
	McKinney, TX 75070			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) ;)	
Pharmacist			,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/30/2024	Full name of contributor out-of-state PAC (ID#: Wilder, Justin)		50.00
00/30/2024			φυ φυ	0.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703-0441			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	I ;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2024	Wilkerson, Loynecia		\$	\$4.00
	Contributor address; City; State; Zip Code			
	Manvel, TX 77578-3285			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2024	Williams, RPh, Paul		\$	\$4.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79605-6667			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Pharmacist				

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 36/37 Rpt: 40/45
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Texas Phari	macy Association PAC		00016271
4 Date 07/10/2024	5 Full name of contributor out-of-state PAC (ID#: Willis, Courtney)	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code		
	Bullard, TX 75757-8239		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Pharmacy T	echnician		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/11/2024	Wilson, Ashley		\$50.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78259		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/05/2024	Wong, Annie		\$60.00
	Houston, TX 77039-4120		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024	Woods, Britney		\$4.00
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76063		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Pharmacist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/28/2024	Woods, Britney		\$4.00
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76063		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Pharmacist			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 37/37 Rpt: 41/45 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Texas Pharmacy Association PAC** 00016271 4 5 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 07/01/2024 \$4.00 Yoo, Min 6 Contributor address; City; State; Zip Code McKinney, TX 75071-0117 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pharmacist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 06/27/2024 \$4.00 Zaheer, Mohammad Contributor address; City; State; Zip Code Friendswood, TX 77546-7912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C3: Sch: 1/1 Rpt: 42/45		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Pharmacy Association PAC				00016271	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	07/19/2024 Bexar County Pharmacy Association				1,000.00	
	Date		Corporation / Labor Organization name		Amount (\$)	
	07/01/2024		Highland Drug, Inc			4.00
	Date		Corporation / Labor Organization name		Amount (\$)	
	07/23/2024		Scott's Pharmacy			50.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

_							
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 43/45			
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers))
Texas Pharmacy Association PAC				00016271			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	06/30/2024 Texas Pharmacy Association				:	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/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 1/2 Rpt: 44/45	Texas Pharmacy Association PAC 00016271						
4 Date 07/13/2024	5 Payee name Bexar County Pharmacy Association						
6 Amount (\$) \$2,947.99	7 Payee address; City; State; Zip Code PO Box 100604						
Corporate funds	San Antonio, TX 78201						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for PAC event expenses 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
07/13/2024	Bryan Hughes Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,500.00	PO Box 450						
Expenditure from corporate funds	Mineola, TX 75773						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
07/13/2024	Candy Noble Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,000.00	1105 E Main St, #223						
Expenditure from corporate funds	Allen, TX 75002						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 EILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 2/2 Rpt: 45/45	Texas Pharmacy Association PAC		00016271	
4 Date	5 Payee name			
07/19/2024	Patricia Schmidt CPA			
6 Amount (\$)	7 Payee address; City; State; Zi	Code		
\$4,100.00	11782 Jollyville Rd			
Expenditure from corporate funds	Austin, TX 78759	1		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Accounting/Banking	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense Services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought	Office held	
Date	Payee name			
07/13/2024	Toni Rose Campaign			
Amount (\$)	Payee address; City; State; Zi	Code		
\$1,500.00	PO Box 41867			
Expenditure from corporate funds	Dallas, TX 75241			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense tribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought	Office held	