FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015658 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 09/04/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Clayton NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Stewart CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 401 W. 15th Street STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th Street MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 370-1365 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	COMMITTEE NAME 13 F						
Texas Medical Assoc	iation Political Action Co	mmittee	00015658	8			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Roland Gutierrez State Senato	or				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	38.25			
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	38,383.33			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					
	4. TOTAL POLITICA	AL EXPENDITURES	\$	21,500.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	269,840.09			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00			
16 AFFIDAVIT	l		<u> </u>				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me			
		Mr Clavt	on Stewart				
		Signature of Ca		surer			
AFFIX NOTAF	RY STAMP / SEAL ABOVE						
Sworn to and subscribe	ed before me, by the said _	, tl	nis 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 off	ficer administering oath			

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

					$\overline{}$	Page 3 of 53
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
exas Medical Association	ı Political Action Com	ımittee			00015658	3
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dustin Burrov	ws State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	, 				
COMMITTEE	1. Candidates	A. Supported	Bobby Guerr	a State Represer	ntative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	Candidates	A. Supported	lanie I opez	State Representa	rative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Jame Lepel	State Representa	auve	
(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.)	,				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Julie Johnson U.S. House distri	ct 32	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
COMMITTEE	applicable, classify by party.) 1. Candidates		Vince Dayer Ctate Degree enteti		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Vince Perez State Representati	ive	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Venton Jones State Representa	ative	
(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	I			

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

					Page 5 of 53
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
exas Medical Association				00015658	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brandon Gill U.S. House Dist	trict 26	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
	!	B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)	, 			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Judith Zaffarini State Senator	r	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Morgan LaMantia State Sena	ator	
(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			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

	6 of 53										
17 COMMITTI Texas Me	EE NAME dical Association Political Action Committee	18 Filer ID 00015658	(Ethics C	ommission Filers)							
19 SCHEDUL NAME OF	E SUBTOTALS SCHEDULE		SUE	TOTAL AMOUNT							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	19,746.15							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$								
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$								
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$								
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$								
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	99.00							
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	18,538.18							
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$								
9.	9. SCHEDULE E: LOANS										
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	21,500.00							
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 CONTRIBUTION	ONS	\$								
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$								
			•								

	MONEI	A	RY POLITICAL C	ONTRIBUTIO)I\	15		SCHEDUL	E A1
	The Instru	cti	on Guide explains how	to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 1/41 Rpt: 7/53	
2	FILER NAME Texas Medic	al	Association Political Action	Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 08/16/2024	5 6	Full name of contributor Benson, Tyler J. Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	pat	Boyd, TX 76023-1515 tion / Job title (See Instructions)	· •	9	Employer (See Instructions	<u> </u> 		
	Physician Date	<u> </u>	Full name of contributor	out-of-state PAC (ID#:_		Nocona General Hospit		Amount of Contribution (\$)	
	08/15/2024		Brooks, James G. Contributor address; City; Sta	<u> </u>				y mount of contribution (¢)	\$50.00
					Employer (See Instructions	<u> </u> S)			
	Physician					Self Employed			
	Date 08/17/2024		Full name of contributor Cardenas, Carlos Javier Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$208.34
			McAllen, TX 78501-3735						
	Principal occu Physician	pat	tion / Job title (See Instructions)			Employer (See Instructions South Texas Gastroente	-	logy	
	Date 08/17/2024		Full name of contributor Chun, Christopher Sung J Contributor address; City; Sta)		Amount of Contribution (\$)	\$177.09
	Principal occu Physician	pat	tion / Job title (See Instructions)			Employer (See Instructions Epic Pain and Orthoped			
	Date 08/22/2024		Full name of contributor David Maldonado III, M.D. Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$99.00
	Principal occu	pat	tion / Job title (See Instructions)			Employer (See Instructions	5)		
				'					

	MONET	ARY POLITICAL (CONTRIBUTION	IS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 2/41 Rpt: 8/53	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3 Filer ID (Ethics Commission F 00015658	Filers)
4	Date 08/15/2024	5 Full name of contributor Evans, Carolyn A.6 Contributor address; City; St	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$16.50
		Dallas, TX 75287-4911				
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions North Dallas Pediatric A		
	Date 08/04/2024	Full name of contributor Garcia, Ronnie L. Contributor address; City; St)	Amount of Contribution (\$)	\$100.00
	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> 	
	Physician	`	,	Mission Cardiovascular		
	Date 08/15/2024	Full name of contributor Garza, Carmen T. Contributor address; City; Si)	Amount of Contribution (\$)	\$16.50
		San Antonio, TX 78229-4	733			
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions Alamo Heights Pediatric		
	Date 08/22/2024	Full name of contributor Gothard, Sander J. Contributor address; City; Si Plano, TX 75093-7565	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions Village Health Partners		
	Date 08/22/2024	Full name of contributor Holder, Robert Fred Contributor address; City; Si Harlingen, TX 78550-181	·)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Harlingen Medical Cent		
			<u>'</u>			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this forn	1.	1	Total pages Schedule A1: Sch: 3/41 Rpt: 9/53	
2	FILER NAME Texas Medic	al Association Political Action C	ommittee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 08/17/2024	5 Full name of contributor Holland, Bradford W.6 Contributor address; City; State			7	Amount of Contribution (\$)	\$208.34
		Waco, TX 76712-7565					
8	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 08/17/2024	Full name of contributor Humphreys, James Loyd Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$208.34
	Principal occu	Helotes, TX 78023-4492 pation / Job title (See Instructions)	1	Employer (See Instructions			
	Physician Physician	pation / 30b title (See Instructions)		Precision Pathology	')		
	Date 08/17/2024	Full name of contributor Isaacson, Terah C. Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$177.09
		Houston, TX 77009-7753					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Bayou City Surgical Spe	•	ılists, PLLC	
	Date 08/13/2024	Full name of contributor Islam, Nurul Contributor address; City; State Allen, TX 75013-5664	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Child and Adolescent Ct		PA	
	Date 08/17/2024	Full name of contributor Jumper, Cynthia Ann Contributor address; City; State Lubbock, TX 79424-5001	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			1				

	MONEI	A	RY POLITICAL C	ONTRIBUTIO)N			SCHEDUL	E A1
	The Instru	cti	on Guide explains how	to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 4/41 Rpt: 10/53	
2	FILER NAME Texas Medic	cal .	Association Political Action (Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 08/22/2024	5 6	Full name of contributor Killian, James M. Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code)	7	Amount of Contribution (\$)	\$55.00
8	Principal occu	ıpat	Houston, TX 77042-1543		9	Employer (See Instructions	 		
	Physician		· · · · · · · · · · · · · · · · · · ·			Baylor College of Medic		- Neurology	
	Date 08/17/2024		Full name of contributor Monday, Kimberly E. Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code				Amount of Contribution (\$)	\$208.34
	B	L	Houston, TX 77005-3318			- I (0 I i i i	<u></u>		
	Principal occupation / Job title (See Instructions) Physician					Employer (See Instructions UTMSH - Dept of Neuro		ıy	
	Date 08/22/2024		Full name of contributor Murphy, James F. Contributor address; City; Sta)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	<u>I</u> ıpat	ion / Job title (See Instructions)			Employer (See Instructions Self Employed	<u>I</u> S)		
	Date 08/17/2024		Full name of contributor Norrell, Stacy L. Contributor address; City; Sta Magnolia, TX 77355-1836	out-of-state PAC (ID#:_ te; Zip Code				Amount of Contribution (\$)	\$83.34
	Principal occu Physician	ı ıpat	ion / Job title (See Instructions)			Employer (See Instructions UTMSH - Dept of Anest		siology	
	Date 08/17/2024		Full name of contributor Pearse, Lee Ann Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code				Amount of Contribution (\$)	\$208.34
	Principal occu Physician	ıpat	ion / Job title (See Instructions)			Employer (See Instructions Pediatrix Medical Group			

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 5/41 Rpt: 11/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/17/2024	 Full name of contributor out-of-state PAC (ID#:_Perkins, Stanley R. Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Tyler, TX 75703-5722 pation / Job title (See Instructions)	0	Employer (See Instructions	·, 		
•	Physician Physician	pation / Job title (See Instructions)	9	USAP - Tyler	·)		
	Date 08/17/2024	Full name of contributor out-of-state PAC (ID#: Poindexter, David P. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Deinsinal	Humble, TX 77347-0876		Familia var (Cala Instructions			
	Principal occupation / Job title (See Instructions) Physician			Employer (See Instructions David P. Poindexter, MI			
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRI	BUTION	S 		SCHEDULI	■ A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 6/41 Rpt: 12/53	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor out-of-state Radiology Associates of Tarrant Count Contributor address; City; State; Zip Code 	ty, P.A.)	7	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant Count Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$74.25
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant Count Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant Count Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	PAC (ID#: ty, P.A.			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant Count Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	ty, P.A.			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/41 Rpt: 13/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$66.33
ρ	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Pilicipai occu	pation / Job title (See Instructions)	e Employer (See instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/41 Rpt: 14/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	.)		
_	i illicipai occu	pation / Job title (Jee matactions)	2 Employer (See instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$74.25
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/41 Rpt: 15/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	i illicipai occu	pation / 300 title (See Instructions)	2 Employer (See instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$74.25
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/41 Rpt: 16/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	()		
_	- Timolpai coca		C Employer (GGC mondonorio			
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$74.25
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/41 Rpt: 17/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 12/41 Rpt: 18/53	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor	y, P.A.		7	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant Count Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant Count Contributor address; City; State; Zip Code			-	Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant Count Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant Count Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	y, P.A.)	-	Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/41 Rpt: 19/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 08/21/2024	5 Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
_		Fort Worth, TX 76104-3146				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 upation / Job title (See Instructions)	Employer (See Instructions)		
	•	, ,		,		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complet	e this forr	n.	1	Total pages Schedule A1: Sch: 14/41 Rpt: 20/53	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor	/, P.A.		7	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 08/21/2024	Full name of contributor out-of-state I Radiology Associates of Tarrant County Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant County Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/21/2024	Full name of contributor out-of-state I Radiology Associates of Tarrant County Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	-			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 08/21/2024	Full name of contributor out-of-state I Radiology Associates of Tarrant County Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	/, P.A.			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/41 Rpt: 21/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$66.33
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
_	- Timolpai occu	pation / oob title (ooe motivations)	2 Employer (See mandenons	,		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146	5 1 (0 1 1 1			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/41 Rpt: 22/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/41 Rpt: 23/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions)		
_	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/41 Rpt: 24/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions) ()		
_	T IIICipai occu	pation / 300 title (See Instructions)	2 Employer (See manucuons	') 		
	Date 08/21/2024	Full name of contributor			Amount of Contribution (\$)	\$99.00
	Deinsinal	Fort Worth, TX 76104-3146	Faralas and Construction of	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 19/41 Rpt: 25/53	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor	···		7	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 08/21/2024	Radiology Associates of Tarrant Cour Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 08/21/2024	Full name of contributor out-of-stat Radiology Associates of Tarrant Cour Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 08/21/2024	Full name of contributor out-of-stat Radiology Associates of Tarrant Cour Contributor address; City; State; Zip Code	···			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 08/21/2024	Full name of contributor out-of-state Radiology Associates of Tarrant Cour Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/41 Rpt: 26/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions)		
_	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/41 Rpt: 27/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	()		
_	T Inicipal occu	pation / 300 title (See Instructions)	2 Employer (See instructions	') 		
	Date 08/21/2024	Full name of contributor			Amount of Contribution (\$)	\$99.00
	Deinsinal assu	Fort Worth, TX 76104-3146	Francis on (Cool patro etiano	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 22/41 Rpt: 28/53	
2	FILER NAME Texas Medic	al Association Political Action Co	mmittee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor Radiology Associates of Tarra Contributor address; City; State; 	-		7	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 08/21/2024	Full name of contributor Radiology Associates of Tarra Contributor address; City; State; Fort Worth, TX 76104-3146				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/21/2024	Full name of contributor Radiology Associates of Tarra Contributor address; City; State;)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions) 5)		
	Date 08/21/2024	Full name of contributor Radiology Associates of Tarra Contributor address; City; State; Fort Worth, TX 76104-3146	-)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 08/21/2024	Full name of contributor Radiology Associates of Tarra Contributor address; City; State; Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL COI	NTRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 23/41 Rpt: 29/53	
2	FILER NAME Texas Medic	al Association Political Action Con	nmittee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor	-		7	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/21/2024	Radiology Associates of Tarra Contributor address; City; State; 2	-			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/21/2024	Full name of contributor				Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 08/21/2024	Full name of contributor	-)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor address; City; State; 2)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/41 Rpt: 30/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
g	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See instructions)	e Employer (See Instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/41 Rpt: 31/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
ρ	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions			
0	Pilicipai occu	pation / Job title (See Instructions)	e Employer (See Instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/41 Rpt: 32/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions)		
_	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/41 Rpt: 33/53	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Medic	cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/21/2024	Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code				\$99.00
		Fort Worth, TX 76104-3146				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/21/2024	Radiology Associates of Tarrant County, P.A.				\$99.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	08/21/2024	Radiology Associates of Tarrant County, P.A.				\$99.00
		Contributor address; City; State; Zip Code				
	Dringing Loop	Fort Worth, TX 76104-3146	Employer (Cap Instructions	_		
	Principal occi	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/21/2024	Radiology Associates of Tarrant County, P.A.				\$99.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	, 		
	r illicipai occi	pation 7 300 title (See instructions)	Employer (See manuchons	')		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/21/2024	Radiology Associates of Tarrant County, P.A.				\$99.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104-3146				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/41 Rpt: 34/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$74.25
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$74.25
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/41 Rpt: 35/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	<u>) </u>		
_	i ilicipai occu	pation / 300 title (See Instructions)	2 Employer (See instructions	')		
	Date 08/21/2024	Full name of contributor			Amount of Contribution (\$)	\$64.35
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$66.33
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$74.25
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/41 Rpt: 36/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$74.25
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	7		
_	T Intelpar occu	pation / 300 title (See Instructions)	2 Employer (See instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$74.25
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$74.25
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$65.34
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/41 Rpt: 37/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions) 		
•	r inicipal occu	pation / 300 title (See instructions)	5 Employer (See Instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$74.25
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/21/2024	Full name of contributor ut-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$74.25
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$74.25
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/41 Rpt: 38/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$69.30
g	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions			
0	Pilicipai occu	pation / Job title (See Instructions)	e Employer (See Instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$74.25
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/41 Rpt: 39/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions	.)		
_	i illicipai occu	pation / 300 title (See Instructions)	2 Employer (See instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$69.30
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/41 Rpt: 40/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions)		
_	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$74.25
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$66.33
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$85.14
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/41 Rpt: 41/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
ρ	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	-)		
0	Principal occu	pation / Job title (See instructions)	e Employer (See Instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Deinsinal	Fort Worth, TX 76104-3146	Fanda and (Cara Instructions	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/41 Rpt: 42/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions) ()		
_	T Inicipal occu	pation / 300 title (See Instructions)	2 Employer (See instructions	') 		
	Date 08/21/2024	Full name of contributor			Amount of Contribution (\$)	\$99.00
	Deire die alle access	Fort Worth, TX 76104-3146	Fanda and (Cara Instructions	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$74.25
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	€ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/41 Rpt: 43/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$74.25
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 	,		_		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/41 Rpt: 44/53	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
ρ	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	-)		
0	Principal occu	pation / Job title (See instructions)	e Employer (See Instructions	')		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/41 Rpt: 45/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Radiology Associates of Tarrant County, P.A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#:_ Rojas, George Anthony Contributor address; City; State; Zip Code Flower Mound, TX 75022-6493			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:_Sideris, Stylianos Contributor address; City; State; Zip Code Houston, TX 77071-1822)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
		<u>,</u>				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this fo	or	m.	1	Total pages Schedule A1: Sch: 40/41 Rpt: 46/53	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 08/06/2024	 5 Full name of contributor out-of-state PAC (ID#:_Sweatt, William H. 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$99.00
8	Dringing! goog	Lake Jackson, TX 77566-3778	_	Employer (See Instructions	<u></u>		
•	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions Gulf Coast Gastroenter		gy	
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Tompkins, John Robert Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Plano, TX 75093-7570 pation / Job title (See Instructions)		Employer (See Instructions	:, 		
	Physician Physician	pation 7 300 title (See Instructions)		John Tompkins, MD PA			
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#:_ Vargas-Whale, Raquel Ann Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Corpus Christi, TX 78418-6110					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Driscoll Children's Hosp		l - Child Abuse Resourc	
	Date 08/17/2024	Full name of contributor out-of-state PAC (ID#:_Villarreal, E. Linda Contributor address; City; State; Zip Code Edinburg, TX 78541-4651	•••••			Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_ Williams, Justin Barrett Contributor address; City; State; Zip Code San Antonio, TX 78259-2711				Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Greater San Antonio En		gency Physicians, P.A.	

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 41/41 Rpt: 47/53
2	FILER NAME Texas Medical Association Political Action Committee	3	Filer ID (Ethics Commission Filers) 00015658
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Williams, Paul Brian 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$25.00
8	Longview, TX 75605-7706 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instruction Texas Urology Special		- Longview

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: 48/53							
2	FILER NAME				Filer ID	(Ethics Commission Filers)	
	Texas Medical Association Political Action Committee				00015658		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	08/22/2024		Dermatology & Cutaneous Surgery PLLC				99.00

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 49/53 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Date 5 Corporation / Labor Organization name 6 Amount (\$) 08/22/2024 18,538.18 **Texas Medical Association**

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/4 Rpt: 50/53 Texas Medical Association Political Action Committee 00015658 4 Date Payee name 08/20/2024 Bobby Guerra for State Representative Amount (\$) Payee address; City; State; Zip Code \$1,000.00 10213 N. 10th Street Expenditure from McAllen, TX 78504 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Bobby Guerra, STATE HOUSE 41st TX Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2024 Brandon Gill For Texas Amount (\$) Payee address; City; State; Zip Code \$2,500.00 P.O. Box 827 Expenditure from Arlington, TX 22216 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Brandon Gill, U.S. HOUSE TX 26TH Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/20/2024 **Dustin Burrows Campaign** Amount (\$) Payee address: City: State; Zip Code \$1,000.00 PO Box 6170 Expenditure from Lubbock, TX 79493 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Dustin Burrows, STATE HOUSE 83rd TX Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 2/4 Rpt: 51/53	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
08/19/2024	Janie Lopez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 2073
Expenditure from corporate funds	San Benito, TX 78586
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Janie Lopez, STATE HOUSE 37th TX
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/21/2024	Judith Zaffirini Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 627
Evpanditura from	
Expenditure from corporate funds	Laredo, TX 78042-0627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Judith Zaffirini, STATE SENATE 21st TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
08/15/2024	Julie Johnson for Congress
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 802765
Expenditure from	
corporate funds	Dallas, TX 75380
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Julie Johnson, U.S. HOUSE TX 32
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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 Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total magas Cabadula F1:	
1 Total pages Schedule F1: Sch: 3/4 Rpt: 52/53	2FILER NAME3Filer ID(Ethics Commission Filers)Texas Medical Association Political Action Committee00015658
4 Date	5 Payee name
08/21/2024	Morgan LaMantia Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1324 E. Madison
Expenditure from	
corporate funds	Brownsville, TX 78520
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Molgan Edivanda, 617/12 GEN/112 ZTul 17/
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experialitire to beliefit C/O	
Date	Payee name
08/20/2024	Roland Gutierrez for Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 15232
Expenditure from corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Roland Gutierrez, STATE SENATE 19th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/12/2024	Venton For Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1075 Griffin St. West
	Suite 212
Expenditure from corporate funds	Dallas, TX 75215
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Venton Jones, STATE HOUSE 100th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 4/4 Rpt: 53/53	2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/12/20246 Amount (\$)	 Payee name Vince Perez Campaign Payee address; City; State; Zip Code
\$2,500.00 Expenditure from corporate funds	PO Box 71309 El Paso, TX 79917
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Vince Perez, STATE HOUSE 77th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held