

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015658	2 Total pages filed: 53				
3 COMMITTEE NAME Texas Medical Association Political Action Committee			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 09/04/2024				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. Austin, TX 78701		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Clayton	MI MI	Receipt # Amount			
	NICKNAME	LAST Stewart	SUFFIX	Date Processed			
				Date Imaged			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street Austin, TX 78701						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street Austin, TX 78701						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	370-1365					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07/26/2024				08/25/2024		

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Roland Gutierrez State Senator
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 38.25
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 38,383.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 269,840.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Clayton Stewart
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 3 of 53

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dustin Burrows State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Bobby Guerra State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Janie Lopez State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 4 of 53

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Julie Johnson U.S. House district 32
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Vince Perez State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Venton Jones State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 5 of 53

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brandon Gill U.S. House District 26
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Judith Zaffarini State Senator
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Morgan LaMantia State Senator
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,746.15
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 99.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 18,538.18
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 21,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/41 Rpt: 7/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Tyler J. <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023-1515	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Nocona General Hospital
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, James G. <hr/> Contributor address; City; State; Zip Code Waco, TX 76705-6125	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-3735	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$177.09
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Maldonado III, M.D., P.A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/41 Rpt: 8/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carolyn A.	7 Amount of Contribution (\$) \$16.50
	6 Contributor address; City; State; Zip Code Dallas, TX 75287-4911	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) North Dallas Pediatric Assoc.
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ronnie L.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mission Cardiovascular Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Carmen T.	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code San Antonio, TX 78229-4733	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alamo Heights Pediatrics
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gothard, Sander J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Plano, TX 75093-7565	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Health Partners - WPMV
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Robert Fred	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550-1812	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Harlingen Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/41 Rpt: 9/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712-7565	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4492	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-7753	Amount of Contribution (\$) \$177.09
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Nurul <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-5664	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Child and Adolescent Ctr, PA
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jumper, Cynthia Ann <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-5001	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/41 Rpt: 10/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killian, James M. 6 Contributor address; City; State; Zip Code Houston, TX 77042-1543	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor College of Medicine - Neurology
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E. Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, James F. Contributor address; City; State; Zip Code Sugar Land, TX 77478-3966	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L. Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann Contributor address; City; State; Zip Code Dallas, TX 75244-7703	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/41 Rpt: 11/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Stanley R.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-5722	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) USAP - Tyler
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Humble, TX 77347-0876	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/41 Rpt: 12/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$74.25
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/41 Rpt: 13/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$66.33
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/41 Rpt: 14/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$74.25
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/41 Rpt: 15/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/41 Rpt: 16/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$74.25
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/41 Rpt: 17/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/41 Rpt: 18/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/41 Rpt: 19/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/41 Rpt: 20/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/41 Rpt: 21/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$66.33
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/41 Rpt: 22/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/41 Rpt: 23/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/41 Rpt: 24/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/41 Rpt: 25/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/41 Rpt: 26/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/41 Rpt: 27/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/41 Rpt: 28/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/41 Rpt: 29/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/41 Rpt: 30/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/41 Rpt: 31/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/41 Rpt: 32/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/41 Rpt: 33/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/41 Rpt: 34/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/41 Rpt: 35/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/41 Rpt: 36/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/41 Rpt: 37/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/41 Rpt: 38/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$69.30
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/41 Rpt: 39/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$69.30
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/41 Rpt: 40/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/41 Rpt: 41/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/41 Rpt: 42/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$74.25
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/41 Rpt: 43/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/41 Rpt: 44/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/41 Rpt: 45/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiology Associates of Tarrant County, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rojas, George Anthony	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75022-6493	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sideris, Stylianos	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77071-1822	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/41 Rpt: 46/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweatt, William H.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566-3778	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Gulf Coast Gastroenterology
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, John Robert	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Plano, TX 75093-7570	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) John Tompkins, MD PA
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas-Whale, Raquel Ann	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6110	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Driscoll Children's Hospital - Child Abuse Resourc
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, E. Linda	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Edinburg, TX 78541-4651	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Justin Barrett	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78259-2711	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Greater San Antonio Emergency 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 08/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605-7706	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Urology Specialists - 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 Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/22/2024	5 Corporation / Labor Organization name Dermatology & Cutaneous Surgery PLLC	6 Amount (\$) 99.00

**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: 49/53
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/22/2024	5 Corporation / Labor Organization name Texas Medical Association	6 Amount (\$) 18,538.18

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 50/53	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/20/2024	5 Payee name Bobby Guerra for State Representative	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10213 N. 10th Street McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bobby Guerra, STATE HOUSE 41st TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Brandon Gill For Texas	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 827 Arlington, TX 22216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brandon Gill, U.S. HOUSE TX 26TH
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2024	Payee name Dustin Burrows Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 6170 Lubbock, TX 79493	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dustin Burrows, STATE HOUSE 83rd TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 51/53	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/19/2024	5 Payee name Janie Lopez Campaign	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 2073 San Benito, TX 78586	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Janie Lopez, STATE HOUSE 37th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name Judith Zaffirini Campaign	
Amount (\$) \$4,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 627 Laredo, TX 78042-0627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Judith Zaffirini, STATE SENATE 21st TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name Julie Johnson for Congress	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 802765 Dallas, TX 75380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Julie Johnson, U.S. HOUSE TX 32
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 52/53	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
--	---	--

4 Date 08/21/2024	5 Payee name Morgan LaMantia Campaign
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1324 E. Madison Brownsville, TX 78520
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Morgan LaMantia, STATE SENATE 27th TX
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/20/2024	Payee name Roland Gutierrez for Texas Senate
--------------------	---

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 15232 San Antonio, TX 78212
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roland Gutierrez, STATE SENATE 19th TX
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/12/2024	Payee name Venton For Texas
--------------------	--------------------------------

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 Griffin St. West Suite 212 Dallas, TX 75215
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venton Jones, STATE HOUSE 100th TX
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 53/53	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 08/12/2024	5 Payee name Vince Perez Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vince Perez, STATE HOUSE 77th TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held