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

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## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME Texas Medical Associat	tion Political Action Cor	nmittee		13 Filer ID 00015658	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY		ives district 12			
(Attach lists on plain paper to complete this report if necessary.)	applicable, classify by party.)	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.)				
5 CONTRIBUTION TOTALS	CONTRIBUTIONS N	I  O POLITICAL CONTRIBION OR GUARANTEES OF INTERMITE AND ELECTRONICALL Qualifies for the higher itemi	LOANS, OR Y)	\$	78.25
	2. TOTAL POLITICA	L CONTRIBUTIONS	ARANTEES OF LOANS)	\$	33,749.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDIT	TURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	48,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING		TAINED AS OF THE LAST	DAY \$	247,028.44
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTS REPORTING PERIOD	STANDING LOANS AS OF T	THE \$	0.00
6 AFFIDAVIT	l			<u> </u>	
		true and o	r affirm, under penalty of pe correct and includes all inform e 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
			Mr. Clavt	on Stewart	
			Signature of Car		urer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, th	nis the	day
of	_, 20, to certify \	vhich, witness my hand a	and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer a	administering oath	Title of office	cer administering oath

2 COMMITTEE NAME				12 Filor ID	Page 3 of 71
2 COMMITTEE NAME	- Dalitical Action Con			13 Filer ID	(Ethics Commission Filers)
exas Medical Association				00015658	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Pete Sessions U.S. Hous	e of Representatives	3 district 17
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)	)			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Sen. Tan Parker State Se	nator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates		Sen. Judith Zaffirini State	Senator	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Sen. Judiai Zamini Star		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by pame or, if				
	(Identify by name or, if applicable, classify by party.)				

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2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
exas Medical Association	1 Political Action Com	nmittee			00015658	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Sen. Phil Kir	ng State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supporte	:d			
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				_
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	)			<u> </u>	
COMMITTEE	1. Candidates	A. Supporte	d Rep. Salmar	n Bhojani State Re	presentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)	)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures  (Describe by date and location of election and	A. Supporte	d			
	nature of issue.)	B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
COMMITTEE	applicable, classify by party.)	<u> </u>	1 Devil Dycon	2: 1: Depresentat		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Paul Dyson	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures  (Describe by date and location of election and	A. Supporte	d			
	nature of issue.)	B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	)				

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Andy Hopper State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Shelley Luther State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	)			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		John McQueeny State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	1 Political Action Com	ımittee		00015658	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Daniel Alders State Represen	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lauren Simmons State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Brent Hagenbuch State Sena	ıtor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Angelia Orr State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates		Rep. Penny Shaw State Repres	sentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Trop. 1 chiny chair Guale Replex	Seriative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Rep. Jared Patterson State Re	oresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Barbara Gervin-Hawkins	State Represer	ıtative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Stan Lambert State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Jay Dan State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				

					Page 9 01 71
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	ımittee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Mary Gonzalez State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
2014147755	applicable, classify by party.)		=		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Drew Darby State Represe	entative 	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Terri Leo-Wilson State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if)				
	applicable, classify by party.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee			00015658	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Jeff Barry State	Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		A.J. Lauderback	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Caroline Farily	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Josey Garcia State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Rep. Stan Kitzman State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. John Bryant State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Rep. David Spiller State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Rep. Lacey Hull State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Ann Johnson State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Elizabeth Campos State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Jon Rosenthal State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Sam Harless State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
exas Medical Association	Political Action Com	nmittee		00015658	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Cody Harris State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Rep. Hubert Vo State Represen	ntative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates		Rep. Greg Bonnen M.D. State F	Renresentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		100. 0.09 = 1	тор. 322	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures    (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

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2 COMMITTEE NAME		_		13 Filer ID	(Ethics Commission Filers)
exas Medical Associatior	Political Action Com	ımittee		00015658	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ron Reynolds State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
	!	B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)	,			
COMMITTEE	1. Candidates	A. Supported	Rep. Donna Howard State Repr	resentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
	hadio 5 ,	B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable classify by name)				
COMMITTEE	applicable, classify by party.)  1. Candidates	<u> </u>	Der Charlie Coron, State Donr	- antotivo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Rep. Charlie Geren State Repre	Sentalive	
(Attach lists on plain paper to complete this report if necessary.)	!	B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)	,			

12 COMMITTEE NAME	- Dalikiaal Aakiaa Caa			13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	1 Political Action Com	ımıttee		00015658	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Tom Craddick St	ate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)	·			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Greg Abbott Governor		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Lowe State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

12 COMMITTEE NAME Texas Medical Association	n Political Action Con	amittoo		<b>13</b> Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Stan Gerdes State Re		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures    (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Mark Dorazio State R	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Keresa Richardson State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)				

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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	1 Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Janis Holt State Representative	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Pat Curry State Representative	9	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Rep. Dade Phelan State Repre	esentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Trop. Bade . Holdin State		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
	(Identify by name or, if	,			

					Page 19 of 71
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Angie Chen Button State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Caroline Harris State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Tom Oliverson M.D. State	Representative	;
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)	,			
	•				

#### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					20 of 71
<b>17</b> COI	MMITTE	EE NAME	18 Filer ID	(Ethic:	s Commission Filers)
Tex	as Me	dical Association Political Action Committee	00015658		·
<b>19</b> SCI	HEDULE	E SUBTOTALS		Π	
NAM	ME OF S	SCHEDULE		S	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,938.35
		<u> </u>		<b></b>	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	12,811.49
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS	\$		
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	48,250.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL CONTRIBUTIO	JNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/31 Rpt: 21/71
2	FILER NAME Texas Medic	al Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4	Date 09/11/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Ackerman, Baer Max</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7 Amount of Contribution (\$) \$99.00
8	Principal occu	Plano, TX 75093-4531 pation / Job title (See Instructions)	9 Employer (See Instruction:	s)
	Physician		Baer Max Ackerman, M	ID PA
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Adhikari, Emily Harris  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$99.00
		Dallas, TX 75390-0001	·	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction: UT Southwestern Medic	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_Allen, Lisa E.  Contributor address; City; State; Zip Code  Tyler, TX 75703-0130		Amount of Contribution (\$) \$300.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction: Cosmetic & Plastic Sur	
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Ashour, Ramsey R.  Contributor address; City; State; Zip Code  Austin, TX 78704-4032		Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction: Ascension Seton - Texa	s) as Administration Services
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Banks, Grais Contributor address; City; State; Zip Code  Corpus Christi, TX 78414-4183		Amount of Contribution (\$) \$55.00
	Principal occu Business Ov	pation / Job title (See Instructions)	Employer (See Instruction: Business Owner	s)
			l	

	MONET	ARY POLITICAL CONTRIBUTION	<b>N</b>	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/31 Rpt: 22/71	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/13/2024	5 Full name of contributor out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$20.00
_		Plano, TX 75024-2913	_				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	s) 		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Beal, Terry Jackman  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Copperas Cove, TX 76522-1967 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician			Central Texas Orthoped		Clinic, PA	
	Date 09/17/2024			)		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75209-3434					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Vision Quest	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Bertini, John E.  Contributor address; City; State; Zip Code  Houston, TX 77005-3948		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Gulf Coast Urology, PA	<u>(</u>		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_Bhandarkar, Amit Wasudeo  Contributor address; City; State; Zip Code  Wildwood, MO 63005-6700				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Orthopedic & Spi		Associates	

	MONEI	А	RY POLITICAL (	CONTRIBUTION	<b>J</b> I	NS		SCHEDULE	<b>■ A1</b>
	The Instru	cti	on Guide explains how	to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/31 Rpt: 23/71	
2	FILER NAME						3	Filer ID (Ethics Commission	Filers)
	Texas Medic		Association Political Action	Committee			L	00015658	
4 Date 09/16/2024		5 Full name of contributor out-of-state PAC (ID#:) Birt, Kelly L.				7	Amount of Contribution (\$)	\$99.00	
		6	Contributor address; City; St	ate; Zip Code					
			Houston, TX 77018-5228						
8	Principal occu	pa	tion / Job title (See Instructions	·)	9	Employer (See Instructions	5)		
	Physician					Surgery Clinic of Greate	er F	louston, PLLC	
	Date	Π	Full name of contributor	out-of-state PAC (ID#:		)	Г	Amount of Contribution (\$)	
	09/13/2024		Bohannon, Nicholas Allan						\$60.00
		ļ	Contributor address; City; St	ate; Zip Code			1		
			Tylor TV 75702 4222						
_	Drincinal occu	nai	Tyler, TX 75703-4333 tion / Job title (See Instructions	)	_	Employer (See Instructions	-, 		
	Physician	μα	don / Job title (See mandedons	)				Science Center At Tyler	
_	Date	Г	Full name of contributor	out-of-state PAC (ID#:	<u> </u>		Т	Amount of Contribution (\$)	
	09/18/2024		Bohnsack, James R.	out of state 1 Ae (15#.				randant of Continuation (4)	\$99.00
		ļ	Contributor address; City; St	ate; Zip Code			ł		
			, <b>,</b> ,						
			Chillicothe, MO 64601-35		_		<u> </u>		
		pa	tion / Job title (See Instructions	5)		Employer (See Instructions	s)		
	Physician	_				Self Employed	_	Amount of Contribution (\$)	
	Date		Full name of contributor	out-of-state PAC (ID#:		)			
	09/11/2024	ļ	Boothby, Michael H.						\$99.00
			Contributor address; City; St	ate; Zip Code					
			Aledo, TX 76008-4526						
	Principal occu	pat	tion / Job title (See Instructions	·)	Т	Employer (See Instructions	 S)		
	Physician					The Orthopedic & Sport	s N	Medicine Institute	
	Date		Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	09/20/2024		Boren, Carol Bickelman						\$99.00
		ļ	Contributor address; City; St	ate; Zip Code			1		
			Drawayand TV 76001 60	126					
_	Dringinal acqu	na:	Brownwood, TX 76801-60		_	Employer (See Instructions	;) 		
	Physician	μα	tion / Job title (See Instructions			CRB Medical Associate		ΡΑ	
	, 5151411						۰, ۱		

MC	JNEI	ARY POLITICAL CONTRIBUTIO	ons			SCHEDULI	<b>■ A1</b>
The	Instru	ction Guide explains how to complete this fo	orm.		1	Total pages Schedule A1: Sch: 4/31 Rpt: 24/71	
	R NAME as Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
<b>4</b> Date 09/1	Burrell, James Harold  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$99.00	
	cipal occu sician	Irving, TX 75039-4164 pation / Job title (See Instructions)		ver (See Instructions	s)		
Date 09/2	25/2024	Full name of contributor out-of-state PAC (ID#:_ Caccitolo, James Contributor address; City; State; Zip Code  Tyler, TX 75703-0130		)		Amount of Contribution (\$)	\$99.00
	Principal occupation / Job title (See Instructions)  Physician			er (See Instructions us Cardiothoracic		rgery	
Date 09/2	24/2024	Full name of contributor out-of-state PAC (ID#:_Cagle, Roger E.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	cipal occu sician	La Grange, TX 78945-2364 pation / Job title (See Instructions)		ver (See Instructions Health Care	s)		
Date		Full name of contributor out-of-state PAC (ID#:_ Cardenas, Carlos Javier Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$208.26
	cipal occu sician	McAllen, TX 78501-3735 pation / Job title (See Instructions)		er (See Instructions Texas Gastroente		ogy	
Date 09/1	.2/2024	Full name of contributor out-of-state PAC (ID#:_ Cassidy, Crystal Contributor address; City; State; Zip Code  Houston, TX 77024-6434		)		Amount of Contribution (\$)	\$99.00
	cipal occu sician	pation / Job title (See Instructions)		er (See Instructions t Global	s)		
		<b>'</b>					

	MONEI	ARY POLITICAL CON	IRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	mplete this forr	n.	ı	Total pages Schedule A1: Sch: 5/31 Rpt: 25/71	
2	FILER NAME Texas Medic	al Association Political Action Comm	ittee		ı	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 09/11/2024	Chappell, Timothy Rae  6 Contributor address; City; State; Zip	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
•	Dringinal occu	pation / Job title (See Instructions)	lo l	Employer (See Instructions	-, 		
0	Physician Physician	pation / Job title (See instructions)	٩	Collin County Pulmonar		ssociates, PA	
	Date 09/23/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
		Fort Worth, TX 76132-3587					
	Principal occupation / Job title (See Instructions) 2017-18 County President			Employer (See Instructions Business Owner	s)		
				busiliess Owler		Amount of Contribution (\$)	
	09/17/2024	Chun, Christopher Sung Jin  Contributor address; City; State; Zip	of-state PAC (ID#:  Code		•	Amount of Continuation (4)	\$177.01
		Dallas, TX 75244-7446					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Epic Pain and Orthoped			
	Date 09/19/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions CIClinton Rheumatology			
	Date 09/11/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Health Science Cent		At Houston	
			•				

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	ı	tal pages Schedule A1: ch: 6/31 Rpt: 26/71	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		1	er ID (Ethics Commission 015658	n Filers)
4	Date 09/22/2024	<ul><li>5 Full name of contributor Collins, Donald R.</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	<b>7</b> An	nount of Contribution (\$)	\$99.00
		Houston, TX 77004-6932					
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Houston Methodist Insti		r Reconstructive Sur	
	Date 09/11/2024	Full name of contributor Conard-Thwaites, Blair E. Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		An	nount of Contribution (\$)	\$99.00
	Principal occu	Celina, TX 75009-4671 pation / Job title (See Instructions	)	Employer (See Instructions	S)		
	Physician			Modera Clinic			
	Date 09/11/2024	Full name of contributor Crawford, J. Lauren Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)	. An	nount of Contribution (\$)	\$99.00
		Austin, TX 78737-8709					
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Synergy Plastic Surgery	•		
	Date 09/21/2024	Full name of contributor Crawford, Julie Heflin Contributor address; City; St Fort Worth, TX 76132-459		)	An	nount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Cook Children's Physici		etwork	
	Date 08/27/2024	Full name of contributor David J. Gabriel MD PA Contributor address; City; St Austin, TX 78759-3932	out-of-state PAC (ID#:		An	nount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
			l .				

	WONEI	ARY POLITICAL CONTRIB		SCHEDULE A1
	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 7/31 Rpt: 27/71
2	FILER NAME Texas Medic	al Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4	Date 09/11/2024	Deshmukh, Avi Trimbak	PAC (ID#:)	7 Amount of Contribution (\$) \$99.00
		Aledo, TX 76008-2574	To	
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions Tig Group Inc	5)
	Date 09/11/2024	Full name of contributor out-of-state F Dewar, Robert T.  Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$99.00
	Principal occu	Dallas, TX 75206-6817 Dation / Job title (See Instructions)	Employer (See Instructions	5)
	Physician	oduon 7 vob une (oce monuellono)	Baylor Scott & White Me	
	Date 09/14/2024	Full name of contributor out-of-state F Donachie, Nancy Davis  Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$99.00
		Plano, TX 75093-7597		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)
	Date 09/24/2024	Full name of contributor out-of-state F Douglas, Argelia Clementina  Contributor address; City; State; Zip Code  Palmhurst, TX 78573-8369	PAC (ID#:)	Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	;)
	Date 09/18/2024	Full name of contributor out-of-state F Eidman, Dan K.  Contributor address; City; State; Zip Code  Houston, TX 77057-1918	PAC (ID#:)	Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Dan K Eidman MD PA	; ;)
			I	

	MONEI	<u> </u>	RY POLITICAL C	ONTRIBUTIO	<b>Λ</b>	15		SCHEDULE	<b>€ A1</b>
	The Instru	cti	on Guide explains how	to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 8/31 Rpt: 28/71	
2	FILER NAME Texas Medic	cal	Association Political Action	Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/13/2024	6	Full name of contributor Eisenberg, Dennis C. Contributor address; City; Sta	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	ıpat	Dallas, TX 75287-5434 tion / Job title (See Instructions)		9	Employer (See Instructions	 		
	Physician  Date  09/12/2024	ļ	Full name of contributor Elbaz, Alain E.  Contributor address; City; State Houston, TX 77096-3818	out-of-state PAC (ID#:_ atte; Zip Code		Self Employed		Amount of Contribution (\$)	\$99.00
	Principal occupation / Job title (See Instructions) Physician				Employer (See Instructions Self Employed				
	Date 09/11/2024		Full name of contributor Esche, Mark A.  Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	 ipat	Austin, TX 78735-6475 tion / Job title (See Instructions)	1		Employer (See Instructions Austin Psychiatric Allian			
	Date 09/17/2024		Full name of contributor Esquenazi, Rafael C. Contributor address; City; Sta	out-of-state PAC (ID#:_ate; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	l ıpa	tion / Job title (See Instructions)			Employer (See Instructions Nephrology Physicians		Houston	
	Date 09/15/2024		Full name of contributor Evans, Carolyn A.  Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code		)		Amount of Contribution (\$)	\$16.50
	Principal occu Physician	ıpa	tion / Job title (See Instructions)			Employer (See Instructions North Dallas Pediatric A		oc.	

	MONEI	ARY POLITICAL CONTRIBUTION	)I\	15		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 9/31 Rpt: 29/71
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission Filers) 00015658
4	Date 09/18/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Farrow-Gillespie, Alan C.</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$) \$300.00
8	Principal occu Physician	Dallas, TX 75204-7410 pation / Job title (See Instructions)	9	Employer (See Instructions UT Southwestern Medic		Center
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_Feng, Sing-Yi  Contributor address; City; State; Zip Code  Dallas, TX 75206-6871		)		Amount of Contribution (\$) \$99.00
	Principal occupation / Job title (See Instructions) Physician			Employer (See Instructions UT Southwestern Medic		Center
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ Foster, Nancy Thorne  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$99.00
	Principal occu Physician	Boise, ID 83706-6596 pation / Job title (See Instructions)		Employer (See Instructions Sound Physicians - Mair		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Fuller, Gregory M.  Contributor address; City; State; Zip Code  North Richland Hills, TX 76182-1540				Amount of Contribution (\$) \$2,500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions North Hills Family Practi		, PA
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_Gillespie, Alexandra Jean  Contributor address; City; State; Zip Code  Dallas, TX 75205-2922				Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions PathAdvantaged Associ		ed, PA

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 10/31 Rpt: 30/71	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 09/19/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Gomez, Jaime S.</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Brownsville, TX 78521-4325 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Physician			Self Employed			
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Gorena, Michael A.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		McAllen, TX 78504-2951					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Gould, K. Lance Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77005-2539					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMSH - Dept of Cardi		ascular Medicine	
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Graves, Cristina M. Contributor address; City; State; Zip Code  Lufkin, TX 75904-7489				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions East Texas Premier Pe		trics	
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_Graves, Michael S.  Contributor address; City; State; Zip Code  Austin, TX 78703-4324		)		Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Southwest Dermatology		Vein	

	MONEI	ARY POLITICAL CONTRIBUT		NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 11/31 Rpt: 31/71	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 08/26/2024	5 Full name of contributor ☐ out-of-state PAC (I Gray, Blanca Lucia 6 Contributor address; City; State; Zip Code	ID#:	)	7	Amount of Contribution (\$)	\$16.50
8	Principal occu	Corpus Christi, TX 78418-7600  pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 		
	Physician			Conviva Care Center -E	Bay	side	
	Date 09/18/2024	Full name of contributor out-of-state PAC (I Hajovsky, Brian Adam Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$99.00
	<u> </u>	Fort Worth, TX 76107-1029			Ĺ		
	Principal occupation / Job title (See Instructions) Physician			Employer (See Instructions Ophthalmology Associa		s of Fort Worth	
Date Full name of contribu		Full name of contributor	ID#:	)		Amount of Contribution (\$)	\$99.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546-4544						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Mohamed M. Haq, MD			
	Date 09/22/2024	Full name of contributor out-of-state PAC (I Herekar, Aamr Arif  Contributor address; City; State; Zip Code	ID#:	)	-	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	El Paso, TX 79911-3106 pation / Job title (See Instructions)		Employer (See Instructions Advanced Neurology Ep		psy and Sleep Center	
	Date 09/18/2024	Full name of contributor out-of-state PAC (I Herrmann, Amanda C. Contributor address; City; State; Zip Code	ID#:		-	Amount of Contribution (\$)	\$99.00
		Bellaire, TX 77401-4816					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMSH - Dept of Patho		gy & Laboratory Medicine	

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 12/31 Rpt: 32/71	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$208.26
8	Principal occu	Waco, TX 76712-7565 pation / Job title (See Instructions)	Τα	Employer (See Instructions	·,		
0	Physician Physician	pation / Job title (See Instructions)	"	Self Employed	·)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Howard, Kris Lynn  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Midland, TX 79707-1440 pation / Job title (See Instructions)	_	Employer (See Instructions	:) 		
	Physician	pation / Job title (See Instructions)		Self Employed	•)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Hubbell, Carl Joseph  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Beaumont, TX 77705-8692					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Beaumont Pediatric Cer		PLLC	
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_Humphreys, James Loyd  Contributor address; City; State; Zip Code  Helotes, TX 78023-4492		)		Amount of Contribution (\$)	\$208.26
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Precision Pathology	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Igler, Eric Joseph  Contributor address; City; State; Zip Code  San Angelo, TX 76904-8904		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
			•				

	MONET	ARY POLITICAL C	CONTRIBUTION	IS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 13/31 Rpt: 33/71	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3 Filer ID (Ethics Commission F 00015658	-ilers)
4	Date 09/17/2024	<ul><li>5 Full name of contributor</li><li>Isaacson, Terah C.</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	\$177.01
		Houston, TX 77009-7753				
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Bayou City Surgical Spe		
	Date 09/18/2024	Full name of contributor Islam, Janine C.  Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$)	\$300.00
	Principal occu	Tyler, TX 75703-5709 pation / Job title (See Instructions		Employer (See Instructions		
	Physician Physician	pation / 300 title (See mistractions		Pain Recovery Center of		
	Date 09/21/2024	Full name of contributor Jackson, John S.  Contributor address; City; St	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$99.00
		El Paso, TX 79922-2205				
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	5)	
	Date 09/16/2024	Full name of contributor Jeffries, Maggie A. Contributor address; City; St Houston, TX 77025-2302	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Avanti Anesthesia, Mino		
	Date 09/06/2024	Full name of contributor John, Elcy M.  Contributor address; City; St  Montgomery, TX 77316-6		)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions The Women's Group PL		
			1			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 14/31 Rpt: 34/71	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 09/03/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$55.00
_	Drivainal	Tyler, TX 75707-1723	la la	Franks or (Cook batturations	<u></u>		
8	Business Ov	pation / Job title (See Instructions) vner	9	Employer (See Instructions Business Owner	5)		
	Date 09/17/2024	Full name of contributor out-of-state Jumper, Cynthia Ann Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$208.26
	Principal occu	Lubbock, TX 79424-5001 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician	,		Self Employed	,		
	Date 09/19/2024	Full name of contributor out-of-state Kachmann, Jeffrey Kent  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Frisco, TX 75034-3303					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 09/11/2024	Kane, Judith P.				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 09/11/2024	Full name of contributor out-of-state Karmegam, Sathish Contributor address; City; State; Zip Code Irving, TX 75063-1218		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 15/31 Rpt: 35/71	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/11/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
_	<u> </u>	Benbrook, TX 76132-1046	_		_		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Health Fort Worth			
	Date 09/19/2024	Full name of contributor		)		Amount of Contribution (\$)	\$74.00
		Dallas, TX 75225-4824			<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Advanced Pain Solution			
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_Kim, Thomas J.  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$99.00
		Austin, TX 78731-5717					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Noma Therapy	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Kirkendall, Samuel Elam Contributor address; City; State; Zip Code Amarillo, TX 79124-1733		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Amarillo Surgical Group			
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Kleinman, Michael H.  Contributor address; City; State; Zip Code  Houston, TX 77081-7304			•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Surgery Associates of F		ston, LLP	

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 16/31 Rpt: 36/71	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 09/14/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$55.00
_	Dringing Loggy	Fort Worth, TX 76116-2035	lo.	Employer (Coa Instructions	<u></u>		
8	Business Ov	pation / Job title (See Instructions) vner	9	Employer (See Instructions Business Owner	») ——		
	Date 09/11/2024	Full name of contributor out-of-state PAC ( Larrier, Deidre R.  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu	Houston, TX 77030-1150 pation / Job title (See Instructions)		Employer (See Instructions	z)		
	Physician	pation / 300 title (300 matacions)		Baylor - Pediatric Otolai		gology	
	Date 09/11/2024	Full name of contributor out-of-state PAC Liesman, William Gage  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$99.00
		Midland, TX 79705-8422					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC Lipsen, Bryan C.  Contributor address; City; State; Zip Code  Kingwood, TX 77345-1917		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions) Liver, Kidney and Interna		Medicine	
	Date 09/19/2024	Full name of contributor out-of-state PAC (Lodha, Anand K.  Contributor address; City; State; Zip Code  Dallas, TX 75218-4446		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Methodist Hospitals of D		as	
	-			·			

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDULI	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 17/31 Rpt: 37/71	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 09/11/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$55.00
8	Principal occu	Katy, TX 77493-2234 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Date Full name of contributor out-of-state PAC (ID#:) Longo, Marc N.  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Houston, TX 77056-4226 pation / Job title (See Instructions)	s)	ns of Teyas			
	Date Full name of contributor out-of-state PAC (ID#:)  09/18/2024 Marten, Lisa  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$300.00
	Principal occu Physician	San Antonio, TX 78229-6031 pation / Job title (See Instructions)		Employer (See Instructions South Texas Eye Institu	•		
	Date 09/20/2024	rate Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$99.00
				Employer (See Instructions Panhandle Plastic Srgry			
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_Mazhar, Mobeen  Contributor address; City; State; Zip Code  Houston, TX 77056-1607		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions North Houston Cardiolo		Center	
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1 Total pages Schedule A1: Sch: 18/31 Rpt: 38/71	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3 Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/25/2024	Full name of contributor     McCollough, Martha L.     Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		7 Amount of Contribution (\$)	\$99.00
		Bullard, TX 75757-7309				
8	Principal occu Physician	pation / Job title (See Instructions)	) 9	Employer (See Instructions U.S. Dermatology Partn		
	Date 09/17/2024	Full name of contributor  McCurdy, Mark A.  Contributor address; City; Sta			Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76132-545 pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Physician			Texas Urology Specialis	sts - Bedford	
	Date 09/20/2024	Full name of contributor McKenzie, Kristi H. Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$)	\$100.00
		Austin, TX 78703-4320				
	Principal occu Physician	pation / Job title (See Instructions)	)	Employer (See Instructions OB Hospitalist Group	s)	
	Date 09/19/2024	Full name of contributor Menga, Gwendoline N. Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	)	Employer (See Instructions Prime Rheumatology Cl		
	Date 08/28/2024	Full name of contributor Mikesky, Leah R. Contributor address; City; Sta		)	Amount of Contribution (\$)	\$40.00
	Principal occu Physician	ipation / Job title (See Instructions)	)	Employer (See Instructions Youens and Duchicela		

	MONEI	ARY POLITICAL CONTRI	ROTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to comple	ete this form.		1 Total pages Schedule A1: Sch: 19/31 Rpt: 39/71	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3 Filer ID (Ethics Commissio 00015658	n Filers)
4	Date 09/25/2024	Miller, William W.	e PAC (ID#:	)	<b>7</b> Amount of Contribution (\$)	\$99.00
8		Tyler, TX 75703-3803 pation / Job title (See Instructions)		ployer (See Instructions		
	Date 09/12/2024	Full name of contributor out-of-state Mitchell, Dana F.  Contributor address; City; State; Zip Code  Houston, TX 77007-5002	PAC (ID#:	IRISTUS Trinity Clinic	Amount of Contribution (\$)	\$99.00
	Principal occupation / Job title (See Instructions)  Physician  Employer (See Instructions)  Global Kidney Center				)	
	Date 09/17/2024	Full name of contributor out-of-state Monday, Kimberly E.  Contributor address; City; State; Zip Code  Houston, TX 77005-3318	e PAC (ID#:		Amount of Contribution (\$)	\$208.26
	Principal occu Physician	pation / Job title (See Instructions)		ployer (See Instructions MSH - Dept of Neuro		
	Date 09/18/2024	Full name of contributor out-of-state Monroe, Gary Lee Contributor address; City; State; Zip Code Anchorage, AK 99503-5774	PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		ployer (See Instructions If Employed	)	
	Date 09/18/2024	Full name of contributor out-of-state Muresanu, Cristina Adriana Contributor address; City; State; Zip Code Austin, TX 78738-4464	PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		ployer (See Instructions rthStar Surgery Speci		
			<b>,</b>			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	o complete this forr	n.		pages Schedule A1: 20/31 Rpt: 40/71	
2	FILER NAME Texas Medic	al Association Political Action C	ommittee			ID (Ethics Commission .5658	n Filers)
4	Date 09/25/2024	<ul><li>5 Full name of contributor Murillo, Cecilia J.</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	<b>7</b> Amou	unt of Contribution (\$)	\$50.00
_		Uvalde, TX 78801-4067	la la				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Uvalde Family Practice		ion	
	Date Full name of contributor out-of-state PAC (ID#:)  09/20/2024 Muse, Kenisha Webb  Contributor address; City; State; Zip Code				Amou	unt of Contribution (\$)	\$300.00
	Dringinal accu	Temple, TX 76502-5873		Employer (See Instructions	<u> </u>		
	Principal occupation / Job title (See Instructions)  Physician  Employer (See Instruction Scott & White Memoria						
	Date 09/11/2024				Amou	unt of Contribution (\$)	\$99.00
		Katy, TX 77450-7584					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Family Care Plus	i)		
	Date 09/18/2024	Date Full name of contributor out-of-state PAC (ID#:)			Amou	unt of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 09/11/2024	Full name of contributor Nguyen, Tho Q. Contributor address; City; State Southlake, TX 76092-4718	out-of-state PAC (ID#:e; Zip Code	)	Amou	unt of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Northeast Tarrant Derm			
			,				

	MONEI	ARY POLITICAL CONTRIBUTION	UN	15		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 21/31 Rpt: 41/71	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/13/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$99.00
8		Houston, TX 77059-6454 pation / Job title (See Instructions)	9	Employer (See Instructions			
	Physician  Date 09/11/2024	Full name of contributor out-of-state PAC (ID# Noorhasan, Dorette J.  Contributor address; City; State; Zip Code  Dallas, TX 75287-5510	<u> </u>	Comprehensive Cardiol	ogy	Amount of Contribution (\$)	\$99.00
	Principal occupation / Job title (See Instructions)  Physician  Employer (See Instruction Self Employed				<u> </u> 5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID# Norrell, Stacy L.  Contributor address; City; State; Zip Code	:	)		Amount of Contribution (\$)	\$83.26
	Principal occu Physician	Magnolia, TX 77355-1836 pation / Job title (See Instructions)		Employer (See Instructions UTMSH - Dept of Anest		siology	
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID# Nutis, Dinorah J.  Contributor address; City; State; Zip Code  El Paso, TX 79922-2207	<u> </u>	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>                                      </u>		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID# Obbink, John W.  Contributor address; City; State; Zip Code  Fort Worth, TX 76132-2547	:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 22/31 Rpt: 42/71	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/19/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Fairfield, TX 75840-0005 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	  -  s)		
	Date 09/12/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Dallas, TX 75204-6809  Principal occupation / Job title (See Instructions)  Physician  Employer (See Instruction Signature Orthopedic				<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  Og/18/2024 Otero, F. Javier  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$99.00
		Austin, TX 78746-3723 pation / Job title (See Instructions)		Employer (See Instructions	) s)		
	Physician  Date  09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Packwood, Eric A.  Contributor address; City; State; Zip Code  Keller, TX 76262-9301		Cardio Texas		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Pediatric Eye Specialist		LLP	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_Page-Ramsey, Sarah Michele  Contributor address; City; State; Zip Code  San Antonio, TX 78248-1579				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Health Medical Arts		Research Center(MARC)	

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 23/31 Rpt: 43/71	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 09/16/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Patel, Shalin D.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Richmond, TX 77407-2991 pation / Job title (See Instructions)	9	Employer (See Instructions Renal Clinic of Houston			
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Pearse, Lee Ann Contributor address; City; State; Zip Code  Dallas, TX 75244-7703				Amount of Contribution (\$)	\$208.26
	Principal occupation / Job title (See Instructions)  Physician  Employer (See Instructions)  Self Employed				<u>                                      </u>		
	Date 09/21/2024					Amount of Contribution (\$)	\$99.00
	Principal occu Physician	East Bernard, TX 77435-9401 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/20/2024	Pate Full name of contributor out-of-state PAC (ID#:)  9/20/2024 Peters, Jason  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00	
				Employer (See Instructions Jason Peters, MD PA	<u>l</u> s)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Phillips, Gregory J.  Contributor address; City; State; Zip Code  Fort Worth, TX 76104-2221				Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Fort Worth Medical Spe		lists	

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.		tal pages Schedule A1: ch: 24/31 Rpt: 44/71	
2	FILER NAME Texas Medic	al Association Political Action	Committee		1	er ID (Ethics Commission 015658	n Filers)
4	Date 09/18/2024	<ul><li>5 Full name of contributor Pickell, Stuart C.</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		<b>7</b> An	nount of Contribution (\$)	\$300.00
		Fort Worth, TX 76109-206					
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Palm Primary Care - Te			
	Date 09/19/2024	Full name of contributor Pin, Paul Gordon Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		An	nount of Contribution (\$)	\$99.00
	Principal occu	Dallas, TX 75205-3830	<u>,                                    </u>	Employer (See Instructions	<i>z)</i>		
	Principal occupation / Job title (See Instructions)  Physician  Employer (See Instructions Self Employed				3)		
	Date 09/19/2024	Full name of contributor Plagenhoef, Jeffrey S.  Contributor address; City; St	out-of-state PAC (ID#:		An	nount of Contribution (\$)	\$300.00
		Southlake, TX 76092-964	5				
	Principal occu Physician	pation / Job title (See Instructions	s) 	Employer (See Instructions Pediatric Dental Anesth		SSOC.	
	Date 09/17/2024	Full name of contributor Poindexter, David P.  Contributor address; City; St  Humble, TX 77347-0876	out-of-state PAC (ID#:		An	nount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions David P. Poindexter, ME			
	Date 09/18/2024	Full name of contributor Prieto, Roberto  Contributor address; City; St  McAllen, TX 78504-4466	out-of-state PAC (ID#:	)	An	nount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	s)		
			-				

	MONEI	ARY POLITICAL CONTRIBU	SCHEDULE A1		
	The Instru	ction Guide explains how to complete t	this for	m.	1 Total pages Schedule A1: Sch: 25/31 Rpt: 45/71
2	FILER NAME Texas Medic	cal Association Political Action Committee			3 Filer ID (Ethics Commission Filers) 00015658
4	Date 09/25/2024	<ul> <li>5 Full name of contributor  out-of-state PAC Ranelle, Ann E.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7 Amount of Contribution (\$) \$99.00
		Aledo, TX 76008-4526			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Fort Worth Eye Associa	
	Date Full name of contributor out-of-state PAC (ID#:)  09/20/2024 Ravindran, Jayaraman  Contributor address; City; State; Zip Code  Flower Mound, TX 75022-6478				Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Physician			Employer (See Instructions Self Employed	I s)
	Date 09/19/2024	Full name of contributor out-of-state PAC Reed, Donald Norris  Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$99.00		
	Dringing agg	Pation / Job title (See Instructions)		Employer (See Instructions	
	Physician	pation / sob title (see instituctions)		Donald N. Reed, JR, M	,
	Date 09/18/2024	Full name of contributor out-of-state PAC Rodriguez, Limael E. Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$300.00
		Houston, TX 77024-4747 pation / Job title (See Instructions)	s)		
	Physician			Texas Vascular and Ima	
	Date 09/12/2024	Full name of contributor out-of-state PAC Roesler, Nathan R.  Contributor address; City; State; Zip Code  Beaumont, TX 77707-1801		)	Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	
	Physician			Beaumont Pediatric Ce	nter PLLC

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 26/31 Rpt: 46/71	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Laguna Vista, TX 78578-2921 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#: Rutland, Lindsey E.  Contributor address; City; State; Zip Code  Austin, TX 78723-4909		)		Amount of Contribution (\$)	\$99.00
	Principal occupation / Job title (See Instructions)  Physician  Employer (See Instruction USAP Texas (Central),					Anesthesia Partners	
	Date 09/11/2024					Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Mission, TX 78573-1342 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/12/2024	e Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Midland, TX 79705-1932 ion / Job title (See Instructions) Employer (See Instructions) Self Employed				
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#: Salinas, Gabriel J.  Contributor address; City; State; Zip Code  Buda, TX 78610	:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Capital Surgeons Group		PLLC	

	MONET	ARY POLITICAL CON	NTRIBUTION	S 		SCHEDULE	E A1
	The Instru	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 27/31 Rpt: 47/71	
2	FILER NAME Texas Medic	al Association Political Action Com	nmittee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/18/2024	<ul> <li>Full name of contributor  o Sambell, Andrew Craig</li> <li>Contributor address; City; State; Z</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
		Waxahachie, TX 75167-0125					
8	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 09/11/2024	Full name of contributor o sanderson, Jeremy D.  Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu	Flower Mound, TX 75022-6506 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Physician Physician	pation / Job title (See Instructions)		Self Employed	)		
	Date 09/21/2024	Full name of contributor o sauceda, Ana T.  Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
		San Antonio, TX 78240-5326					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Ana T. Sauceda MD, PL	•		
	Date 09/13/2024	Full name of contributor of contributor of contributor and contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions M. Sandra Scurria, MD I			
	Date 09/11/2024	Full name of contributor o Sitton, Clark W.  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Ut Houston Medical Sch		I	
			1				

	MONEI	ARY PO	JLITICAL (	CONTRIBUTIO	<b>∕</b> \	15		SCHEDULE	A1
	The Instru	tion Guid	e explains how	v to complete this f	for	m.	1	Total pages Schedule A1: Sch: 28/31 Rpt: 48/71	
2	FILER NAME Texas Medic	al Associati	on Political Action	n Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/17/2024	Sloan, L	e of contributor ance Alan or address; City; S	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$99.00
8		<u> </u>	TX 75901-7728 tle (See Instruction	s)	9	Employer (See Instructions			
	Date 09/14/2024	Smith, F	e of contributor Howard J. Or address; City; S	out-of-state PAC (ID#:_	<u>                                     </u>	Texas Institute for Kidne	ey a	Amount of Contribution (\$)	\$99.00
	Principal occupation / Job title (See Instructions)  Physician  Employer (See Instruction Smith Medical Clinic, A					P.A.			
	Date 09/11/2024	Sudarsh Contribut	e of contributor nan, Yvonne Anto or address; City; S	tate; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician		snos, TX 78566-8 tle (See Instruction			Employer (See Instructions Self Employed	<u> </u> s)		
	Date 09/18/2024	Sulapas Contribut	e of contributor , Irvin or address; City; S	tate; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician		tle (See Instruction			Employer (See Instructions UT Physicians Family &		ommunity Medicine	
	Date 09/14/2024	Tajani, A	e of contributor Azeem Hor address; City; S Falls, TX 76308-:					Amount of Contribution (\$)	\$50.00
	Principal occu Physician	oation / Job ti	tle (See Instruction	s)		Employer (See Instructions Titanium Emergency Gr		p, LLP	

	MONEI	<u> </u>	RY POLITICAL CON	ITRIBUTION			SCHEDULI	E A1
	The Instru	cti	on Guide explains how to c	omplete this for	n.	1	Total pages Schedule A1: Sch: 29/31 Rpt: 49/71	
2	FILER NAME Texas Medic	al	Association Political Action Com	mittee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 09/21/2024			<b>7</b>	Amount of Contribution (\$)	\$50.00		
8	Principal occu	pat	Fort Stockton, TX 79735-9563 ion / Job title (See Instructions)	9	Employer (See Instruc	ctions)		
	Physician		,		Self Employed	,		
	Date 09/18/2024		Full name of contributor out out Tolleson, Thaddeus R.  Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$100.00
	Dringing! aggs		Tyler, TX 75703-0734		Employer (Coo Instru			
	Principal occu Physician	pat	ion / Job title (See Instructions)		Employer (See Instruction Self Employed	ctions)		
	Date 09/20/2024		Tubb, Creighton C.  Contributor address; City; State; Zi			)	Amount of Contribution (\$)	\$100.00
New Braunfels, TX 78132-3916  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		rtions)						
	Physician	pui	ion, oos aac (ccc moadoache)		, , ,	•	ic Surgery & Sports Medicin	
	Date 09/12/2024		Full name of contributor out				Amount of Contribution (\$)	\$99.00
Principal occupation / Job title (See Instructions) Emp		Employer (See Instruc UTMB Health Derm		y				
	Date 09/11/2024		Full name of contributor  Vengrow, Michael Ian  Contributor address; City; State; Zi  Prosper, TX 75078-8958	p Code		)	Amount of Contribution (\$)	\$99.00
		pat	ion / Job title (See Instructions)		Employer (See Instruc			
	Physician				Neurological Docto	rs of Da	alias, P.A.	

MONETARY POLITICAL CONTRIBUTIONS			15		SCHEDUL	E <b>A1</b>			
	The Instru	cti	on Guide explains how t	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 30/31 Rpt: 50/71	
2	FILER NAME Texas Medic	al	Association Political Action C	Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 09/17/2024			7	Amount of Contribution (\$)	\$208.26			
8	Principal occu	pat	Edinburg, TX 78541-4651		9	Employer (See Instructions	 		
	Physician		,			Self Employed	,		
	Date 09/21/2024		Full name of contributor  Warthan, Mandy Lynn  Contributor address; City; Stat	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$300.00
			Prosper, TX 75078-9581				L		
	Principal occu Physician	pai	tion / Job title (See Instructions)			Employer (See Instructions Warthan Dermatology	5)		
	Date 09/22/2024		Full name of contributor  Weinstein, Phillip  Contributor address; City; Stat	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$99.00
Houston, TX 77024-6219									
	Principal occu Physician	pat	tion / Job title (See Instructions)			Employer (See Instructions Prime Healthcare Providence)		S	
	Date 09/11/2024		Full name of contributor Wheeler, Clarence Joseph Contributor address; City; Stat Lubbock, TX 79416-5402	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$99.00
Principal occupation / Job title (See Instructions) Employer (S		Employer (See Instructions Kidney & Blood Pressur		Clinic of Lubbock					
	Date 09/17/2024		Full name of contributor Williams, Paul Brian Contributor address; City; Stat Longview, TX 75605-7706	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pat	tion / Job title (See Instructions)			Employer (See Instructions Texas Urology Specialis		- Longview	
	. Hydioidii					. Sado Grology Openals		Longviow	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			m.	1	Total pages Schedule A1: Sch: 31/31 Rpt: 51/71	=	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission Filers) 00015658		
4	Date 09/20/2024			7	Amount of Contribution (\$) \$100.0	<b>–</b> ၁		
		Cleburne, TX 76033-6501						
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)			
	Date 09/11/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$99.0	<b>=</b> )	
	Principal occu	Houston, TX 77024-5146 pation / Job title (See Instructions)		Employer (See Instructions	 s)		_	
	Physician			Amy L. Woodruff, M.D. P.				
	Date 09/06/2024	Full name of contributor	(ID#:	)		Amount of Contribution (\$) \$1,000.0	O	
		Galveston, TX 77555-5302						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMB - University of Te	•	s MB At Galveston		
	Date 09/11/2024	Full name of contributor out-of-state PAC ( Young, Lon Kendall Contributor address; City; State; Zip Code  Bryan, TX 77802-5912		)		Amount of Contribution (\$) \$99.0	_ )	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)			
	Date 09/22/2024	Full name of contributor out-of-state PAC ( Zarian, Lawrence Peter  Contributor address; City; State; Zip Code  Amarillo, TX 79124-2130	(ID#:			Amount of Contribution (\$) \$99.0	<b>-</b> 3	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions High Plains Radiologica		ssociation, LLP	_	
							_	

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 52/71 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Date 5 Corporation / Labor Organization name 6 Amount (\$) 09/22/2024 **Texas Medical Association** 12,811.49

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/19 Rpt: 53/71	2 FILER NAME       3 Filer ID (Ethics Commission Filers)         Texas Medical Association Political Action Committee       00015658
4 Date	5 Payee name
09/17/2024	A.J. Louderback Campaign
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 1792
Expenditure from corporate funds	Victoria, TX 77902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZAI ZHBITORZ	Candidate/Officeholder/Political Committee
	A.J. Louderback, STATE HOUSE 30th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	
Date	Payee name
09/18/2024	Andy Hopper For Texas
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 1052
Expenditure from corporate funds	Decatur, TX 76234
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Andy Hopper, STATE HOUSE 04th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
09/18/2024	Angelia Orr for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 337
Expenditure from corporate funds	Itasca, TX 76055
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Angelia Orr, STATE HOUSE 13th TX
Commission ONULY II	Constitute (Office helder nome
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total region Cabadida F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 2/19 Rpt: 54/71	2 FILER NAME Texas Medical Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
09/09/2024	Angie Chen Button for Texas House
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 832748
Expenditure from corporate funds	Richardson, TX 75083
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Angle Bullott, STATE HOOSE 112til TX
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Ann Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 56386
\$1,000.00	F.O. Box 30300
Expenditure from	
corporate funds	Houston, TX 77256
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Ann Johnson, STATE HOUSE 134th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/18/2024	Barbara Gervin-Hawkins Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 3960
4000.00	
Expenditure from	
corporate funds	San Antonio, TX 78218
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Barbara Gervin-Hawkins, STATE HOUSE 120th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/19 Rpt: 55/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/19/2024	Bhojani for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 392
Expenditure from corporate funds	Euless, TX 76039
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Salman Bhojani, STATE HOUSE 92nd TX
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/18/2024	Brent Hagenbuch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2800 Shoreline Dr #310
Expenditure from corporate funds	Denton, TX 76210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Brent Hagenbuch, STATE SENATE 30th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
09/17/2024	Caroline Fairly for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 20445
Expenditure from corporate funds	Amarillo, TX 79144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Caroline Fairly, STATE HOUSE 87th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/19 Rpt: 56/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/05/2024	Caroline Harris for State Representative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 700
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Caroline Harris, STATE HOUSE 52nd TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/17/2024	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 1440
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Chame Seren, STATE 11863E 33th TA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
09/17/2024	Christian Manuel Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	505 Orleans St.
— Formanditure from	
Expenditure from corporate funds	Beaumont, TX 77701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Christian Manuel, STATE HOUSE 22nd TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Control a category and listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1: Sch: 5/19 Rpt: 57/71	2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
09/17/2024	Cody Harris for State Representative
09/11/2024	Cody name to State Representative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	100 Avenue A.
Expenditure from corporate funds	Palestine, TX 75801
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Cody Haris, STATE HOUSE out TA
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	
Date	Payee name
09/24/2024	Craig Goldman For Congress
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	PO Box 100039
Expenditure from	
corporate funds	Fort Worth, TX 76185
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Craig Goldman, U.S. House TX 12
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-l
6 .	
Date	Payee name
09/09/2024	Dade Phelan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 5990
Expenditure from corporate funds	Austin, TX 78763
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Dade Phelan, STATE HOUSE 21st TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cor

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/19 Rpt: 58/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/18/2024	Daniel Alders For Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 8907
Expenditure from corporate funds	Tyler, TX 75711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Daniel Alders, STATE HOUSE out TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/16/2024	David Lowe for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	9017 Cedar Breaks Dr.
Expenditure from corporate funds	North Richland Hills, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	David Lowe, STATE HOUSE 9150 TA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
09/17/2024	David Spiller Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	122 E. Belknap St.
Evpanditura from	
Expenditure from corporate funds	Jacksboro, TX 76458
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	David Spiller, STATE 11003E 00th TA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 7/19 Rpt: 59/71	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	_
09/17/2024	Donna Howard Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$250.00	P.O. Box 5375	
Expenditure from corporate funds	Austin, TX 78763	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donna Howard, STATE HOUSE 48th TX	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
09/18/2024	Drew Darby for State Representative	
Amount (\$)	Payee address; City; State; Zip Code	_
\$500.00	P.O. BOX 3284	
Expenditure from corporate funds	San Angelo, TX 76902	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
Date	Payee name	_
09/17/2024	Elizabeth Liz" Campos Campaign"	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,000.00	1028 Rigsby	
Expenditure from corporate funds	San Antonio, TX 78210	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
		_

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/19 Rpt: 60/71 Texas Medical Association Political Action Committee 00015658 4 Date Payee name 09/05/2024 Friends of Tom Oliverson 6 Amount (\$) Payee address; State; Zip Code \$1,000.00 1 E Greenway Plaza Ste 225 Expenditure from Houston, TX 77046 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Tom Oliverson, STATE HOUSE 130th TX Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/17/2024 Greg Abbott Campaign Amount (\$) Payee address; City; State; Zip Code \$5,000.00 P.O. Box 308 Expenditure from Austin, TX 78767 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Greg Abbott, GOVERNOR TX Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/17/2024 Greg Bonnen Campaign Amount (\$) Payee address: City: State; Zip Code \$1,000.00 P.O. Box 1183 Expenditure from Friendswood, TX 77549 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Greg Bonnen, STATE HOUSE 24th TX Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orodit odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/19 Rpt: 61/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/09/2024	Holt for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P.O. Box 1311
Expenditure from corporate funds	Silsbee, TX 77656
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Janis Holt, STATE HOUSE 18th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/17/2024	Hubert Vo Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 2227
Ψ500.00	1.0. 56% 2221
Expenditure from	
corporate funds	Alief, TX 77411
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Hubert Vo, STATE HOOSE 149til TA
Commission ONLY if dispose	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
09/18/2024	Jared Patterson Campaign for State Representative District 106
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 5419
Expenditure from corporate funds	Frisco, TX 75035
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Jared Patterson, STATE HOUSE 106th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributing/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/19 Rpt: 62/71	Texas Medical Association Political Action Committee 00015658
4	Date	5 Payee name
	09/18/2024	Jay Dean For Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1005 Congress Avenue
		Suite 910
	Expenditure from corporate funds	Austin, TX 78701
8	PURPOSE	To a second seco
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Jay Dean, STATE HOUSE 7th TX
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/17/2024	Jeff Barry Campaign
_	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4418 Broadway St.
	Ψ230.00	4410 Bloadway St.
$\vdash$	Expenditure from	
L	corporate funds	Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Jeli Bairy, STATE 11003E 25th TA
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	09/17/2024	John Bryant Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 140977
	Expenditure from corporate funds	Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		John Bryant, STATE HOUSE 114th TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1 

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/19 Rpt: 63/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/18/2024	John McQueeny Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 100458
Expenditure from	Fort Months TV 7010F
corporate funds	Fort Worth, TX 76185
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	John McQueeny, STATE HOUSE 97th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Jon Rosenthal for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	8624 Hwy 6 N, #340
Expenditure from corporate funds	Houston, TX 77095
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Jon Rosenthal, STATE HOUSE 135th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-i
Date	Payee name
09/17/2024	Josey Garcia for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	110 E. Houston Street
Ψ230.00	
Expenditure from	7th Floor, Box 176
corporate funds	San Antonio, TX 78205
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if Austin, TX, officeholder living expense
	Josey Garcia, STATE HOUSE 124th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/19 Rpt: 64/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/25/2024	Judith Zaffirini Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 627
Ψ300.00	1 O BOX 021
Expenditure from corporate funds	Laredo, TX 78042-0627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Juditi Zaillilli, STATE SENATE ZISCTA
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/17/2024	Ken King for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2416 Locust
Funanditura from	
Expenditure from corporate funds	Canadian, TX 79014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Candidate/Officeholde
	Refinding, STATE HOOSE COUNTY
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/09/2024	Keresa Richardson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	200 Falling Water Drive
Expenditure from	
corporate funds	McKinney, TX 75072
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	No. coa Monaracon, C. 7. W. 2. 176 Co. 2. Co. 17. W. 2. 176 Co. 1
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ordan dara i ayındın	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/19 Rpt: 65/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/17/2024	Kitzman for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 553
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from	Dettion TV 77466
corporate funds	Pattison, TX 77466
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Stan Kitzman, STATE HOUSE 85th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	<u> </u>
Date	Payee name
09/17/2024	Lacey Hull for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 19231
— Forestitus from	
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Lacey Hull, STATE HOUSE 138th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/18/2024	Lauren Simmons Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 56386
·	
Expenditure from corporate funds	Houston, TX 77256
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Lauren Simmons, STATE HOUSE 146th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/19 Rpt: 66/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/10/2024	Mark Dorazio Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P.O. Box 461341
Expenditure from corporate funds	San Antonio, TX 78246
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Mark Dorazio, STATE HOUSE 122nd TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	
Date	Payee name
09/18/2024	Mary Gonzalez for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 450
Expenditure from corporate funds	Clint, TX 79836
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Mary Gonzalez, STATE HOUSE 75th TX
Commission ONLY if dispose	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/09/2024	Pat Curry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	204 Woodhew Dr.
Expenditure from	
corporate funds	Waco, TX 76712
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Pat Curry, STATE HOUSE 56th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	<u> </u>
1 Total pages Schedule F1: Sch: 15/19 Rpt: 67/71	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Medical Association Political Action Committee00015658
4 Date	5 Payee name
09/18/2024	Paul Dyson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	4040 Highway 6, Ste. 200
Expenditure from corporate funds	College Station, TX 77845
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Paul Dyson, STATE HOUSE 14th TX
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/18/2024	Penny Shaw Campaign
Amount (¢)	Payee address; City; State; Zip Code
Amount (\$)	
\$250.00	P.O. Box 925652
- Consorditure from	
Expenditure from corporate funds	Houston, TX 77292
PURPOSE	(a) Cotagon. (b) Deceription
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Penny Shaw, STATE HOUSE 148th TX
	Tomy onaw, of the Hoode 140th 17
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/12/2024	Pete Sessions For Congress
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 7754
Expenditure from corporate funds	Waco, TX 76714
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense
	Pete Sessions, U.S. House TX 17
	. 3.5 233.5.10, 0101110400 17. 21
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to beliefft C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/19 Rpt: 68/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/12/2024	Pete Sessions For Congress
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 7754
Expenditure from corporate funds	Waco, TX 76714
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Pete Sessions, U.S. House TX 17
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/24/2024	Phil King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 1913
φο,οσο.σσ	1.0. Box 1310
Expenditure from corporate funds	Weatherford, TX 76086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Phil King, STATE SENATE 10th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Ron Reynolds Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6140 Hwy 6 South #233
φοσοίσο	or io timy o count meso
Expenditure from corporate funds	Missouri City, TX 77459
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Ron Reynolds, STATE HOUSE 27th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total manage Calcadala 54	
1 Total pages Schedule F1: Sch: 17/19 Rpt: 69/71	2 FILER NAME Texas Medical Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
09/17/2024	Sam Harless Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 15814 Champion Forest PMB 312
Expenditure from corporate funds	Spring, TX 77379
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Sam Harless, STATE HOUSE 126th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	-
Date	Payee name
09/18/2024	Shelley Luther Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	587 White Mound Rd.
Expenditure from corporate funds	Sherman, TX 75090
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Shelley Luther, STATE HOUSE 62nd TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
09/16/2024	Stan Gerdes for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	606 Gresham Street
Expenditure from corporate funds	Smithville, TX 78957
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Stan Gerdes, STATE HOUSE 17th TX
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialture to beliefft G/OI	•

### SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1:	
Sch: 18/19 Rpt: 70/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/25/2024	Tan Parker Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 271741
\$2,500.00	F.O. BOX 271741
Expenditure from	
corporate funds	Flower Mound, TX 75027-1741
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Tan Parker, STATE SENATE 12th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date	Payee name
09/25/2024	Tan Parker Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027-1741
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Tan Parker, STATE SENATE 12th TX
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Terri Leo Wilson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	29 Pirates Beach West
<del>+</del> 200.00	20 1 11 11 10 2 2 3 3 3 1 1 1 3 2 3
Expenditure from	Calvester, TV 77554
corporate funds	Galveston, TX 77554
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORE	Candidate/Officeholder/Political Committee
	Terri Leo Wilson, STATE HOUSE 23rd TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/19 Rpt: 71/71	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/18/2024	Texans for Stan Lambert
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 3752
Expenditure from corporate funds	Abilene, TX 79604
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Start Earnbert, STATE 11000E 713t 17
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Tom Craddick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2 Lakes Drive
Expenditure from corporate funds	Midland, TX 79705
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Tom Craddick, STATE HOUSE 82nd TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held