

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 144.84
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 130,016.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 87,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 268,391.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Clayton Stewart
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 3 of 205

12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Greg Abbott Governor 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Ramon Romero State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brent Money State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 4 of 205

12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Charlene Ward Johnson State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Daniel Alders State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Trey Wharton State Representative B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 5 of 205

12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Eddie Morales State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Linda Garcia State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Josey Garcia State Representative B. Opposed
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 6 of 205

12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Mihaela Plesa State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. John Bryant State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Salman Bhojani State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Salman Bhojani State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

MONTHLY FILING GPAC REPORT: PURPOSE

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

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

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

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 9 of 205

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

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

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

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 11 of 205

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

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 12 of 205

12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Suleman Lalani State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Pete Flores State Senator B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Ann Johnson State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 13 of 205

12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Molly Cook State Senator
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 108,613.24
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 5,072.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 16,331.21
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 87,250.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/177 Rpt: 15/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abanto, Pedro Ruben <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78542-4696	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Edinburg Medical Center Inc
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abell, Creed W. <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1417	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acebo, Janet <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-5842	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Mary Z. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-1704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arlington Dermatology Clinic, P.A.
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adeyinka, Adebayo <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valley Baptist Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/177 Rpt: 16/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adib, Sami N. 6 Contributor address; City; State; Zip Code Austin, TX 78701-4131	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adolescent and Allergy Center, PA Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Advanced OBGYN Associates, PA Contributor address; City; State; Zip Code Richardson, TX 75082-3565	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aghili, Shawn Contributor address; City; State; Zip Code Spring, TX 77380-3477	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wael Asi, MD PA
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agoh, Emmanuel U. Contributor address; City; State; Zip Code Spring, TX 77386-7088	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/177 Rpt: 17/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agostini, Michele <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109-3519	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Anisa <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5138	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akhtar, Samina <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-1447	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldred, Keith Allen <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8535	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) AmeriPath
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Maria <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2862	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/177 Rpt: 18/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Danielle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-1804	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Erick S. <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-3122	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Everett H. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2318	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rheumatology Associates of South Texas
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Shawn M. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384-2705	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) My Houston Surgeons
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alli, Chaitanya <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-7444	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Primary Care Group - Clear Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/177 Rpt: 19/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almonte-Gonzalez, Jennifer M.	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code McAllen, TX 78504-2164		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Javier	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1407		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Vein & Vascular
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsafadi, Kutayba	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Cypress, TX 77433-7408		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Willowbrook - Hospitalists
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altstatt, Daniel Mark	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Brownwood, TX 76801-6617		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Urology
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amar, Sheila M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78759-7708		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy & Asthma Center of Georgetown, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/177 Rpt: 20/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) An, Young C.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77079-3512	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Metropolitan Anesthesiologist
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Charles Glenn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79602-4231	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Darla	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75703-5714	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Howard Eugene	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Desoto, TX 75115-2768	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anderson Medical Group of TX
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Mikala Brooke	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Texarkana, TX 75503-3533	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ARK-LA-TEXAS Health Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/177 Rpt: 21/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andreas Nikolaidis M.D., P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Porter, TX 77365-4205	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andres S. Enriquez, M.D., P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code El Paso, TX 79912	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Levine, MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Terri	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76123-2482	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansari, Sharique Aslam	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Southlake, TX 76092-2005	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kane Hall Barry Neurology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/177 Rpt: 22/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apple, Trudy Kay <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-1652	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbona, Jaime <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-4142	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronoff, Ronald Joseph <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-5124	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arumugham, Palaniappan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-1868	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashitey, Sarah O. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75212-5340	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Health Texas Provider Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/177 Rpt: 23/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Assouad, Mario <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77054-2029	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Greater Houston Kidney Specialists
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auer, David E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-2638	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David E. Auer, M.D.
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustyniak, Jobeth Ray <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Uplift Family Medicine PLLC
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baddour, Ruby T. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-5809	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Dolores Annette <hr/> Contributor address; City; State; Zip Code Rancho Viejo, TX 78575-9633	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/177 Rpt: 24/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Jason R. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-7543	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Jason R. Bailey, MD, PA
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Michael L. <hr/> Contributor address; City; State; Zip Code Aurora, TX 76078-4610	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Sue J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78763-0497	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Susan Rudd <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76132-1066	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Worth Allergy & Asthma Associates
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baine, Jennifer <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135-1013	Amount of Contribution (\$) \$441.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/177 Rpt: 25/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, James Elwood <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77378-7101	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor St Luke's Medical Group - Conroe
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balat, Michael I. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1833	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Plaza OB/GYN Associates
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balfanz, Phillip Eugene <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-4020	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balsara, Viren J. <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77381-4102	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banegas, Shonda <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092-7966	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/177 Rpt: 26/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banerjee, Pooja	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Dallas, TX 75225-2121		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) North Texas Rheumatology PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bannister, Denise C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Richardson, TX 75080-2551		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barakat, Ronnie A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75235-4313		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barcelo, Carlos Raul	Amount of Contribution (\$) \$49.50
Contributor address; City; State; Zip Code Murphy, TX 75094-3240		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) International Craniofacial Institute
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry G. Willens, M.D., P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code New Caney, TX 77357		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/177 Rpt: 27/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barstow, Douglas G.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78757-1645	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Allergy Partners of Austin
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartis, Cristina B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75208-3312	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartlett, Sylvan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Crane, TX 79731-3613	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartsch, Edward F.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chappell Hill, TX 77426-5068	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Barry J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Burleson, TX 76028-3272	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Surgical Associates of North Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/177 Rpt: 28/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassichis, Benjamin Amos	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Dallas, TX 75229-6301		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) NTENT Network
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter, Barbara Stark	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Dallas, TX 75205-2936		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy and Asthma Preston Center
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayazitoglu, Lisa Marie	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1336		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayless, Robert Eugene	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Westlake, TX 76262-8228		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Orthopedics and Sports Medicine
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauchamp, Nancy L.	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1847		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/177 Rpt: 29/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beezley, Jon T. <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051-6460	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Arlington Emergency Medicine Associates
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beiser, Ned Elmer <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115-4610	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dr. Ned E. Beiser PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Gloria <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041-2829	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin, Benson Bethel <hr/> Contributor address; City; State; Zip Code Garland, TX 75043-1864	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) American Radiology Associates, PA
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethea, Henry L. <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77381-5121	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/177 Rpt: 30/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhayani, Nikhil Kiran <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034-6317	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Infectious Disease Doctors, PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biebas, Carolyn G. <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1545	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierner, Samuel Michael <hr/> Contributor address; City; State; Zip Code Elkhorn, NE 68022-4501	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bindingnavele, Pooja <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2620	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) 2016-17 County President		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bindingnavele, Vijay K. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2620	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Christi Institute of Cosmetic & Plastic Sur

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/177 Rpt: 31/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birnbaum, Itamar <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-1518	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cardio Texas
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Clayton <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-0134	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco Regional Clinic, PA <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-4913	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blandon, Pedro A. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-7690	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaydon, Cindy <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7386	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/177 Rpt: 32/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleier, Joseph Tracy <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75402-5496	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) EmCare Inc
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blevins, Niska A. <hr/> Contributor address; City; State; Zip Code Wolfforth, TX 79382-3248	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bocanegra, Ruben D. <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-8469	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rubin Bocanegra, MD, PA
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Body & Mind Healthcare, PA <hr/> Contributor address; City; State; Zip Code Joshua, TX 76058	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Marian E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4322	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Partners Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/177 Rpt: 33/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borno, Mounir <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79407-2326	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cardiologists of Lubbock, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boucher, Kent-Andrew <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233-5361	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Keith A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3931	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Downtown Eye Associates
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boushka, William M. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922-2918	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden-McKay, Crystal M. <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633-2054	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Seton - Texas Administration Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/177 Rpt: 34/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Katherine K.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75224-1653	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) A Woman's View Womens Healthcare
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Nancy	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Austin, TX 78738-6999	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyko, Tatiana	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76102-3021	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Jason T.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423-0896	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Caprock Cardiovascular Center, LLP
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brand, James R.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78704-1409	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Victoria Emergency Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/177 Rpt: 35/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandfellner, Heather M.	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Shavano Park, TX 78230-5619	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Brooke Army Medical Ctr
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazoria Neurological Assocaites, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brener, Daniel M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4914	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britt, Christopher	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75246-1791	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Specialty Care
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodeur, Marilyn	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6440	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/177 Rpt: 36/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Charles D.	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79124-4914	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) High Plains Radiological Association, LLP
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brothers, Jorge Roberto	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424-7403	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lubbock Urology Clinic
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Byron Linus	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424-3143	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christine Dunham	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75204-7427	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christine D. Brown, MD PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Cynthia Ruth	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424-3143	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/177 Rpt: 37/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jacob Wayne <hr/> 6 Contributor address; City; State; Zip Code Henderson, TX 75652-9453	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ruth <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1741	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Stephen L. <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380-6054	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Cancer Centers
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownsville Infectious Disease PA <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-3906	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brudnak, Daniel M. <hr/> Contributor address; City; State; Zip Code Gorman, TX 76454-1828	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/177 Rpt: 38/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruening, Brian James <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79407-5799	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Lubbock Diagnostic Radiology
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunt, Amy Lyn <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-6441	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Clinic-College Station Rock P
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brusco, Natalia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6246	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Douglas J. <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-8007	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Franklin Clinic, L.P.
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckingham, Edward D. <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734-3463	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Buckingham Center for Facial Plastic Surgery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/177 Rpt: 39/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buendia, Francisco I.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code El Paso, TX 79912-7496	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buerger, Collin S.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308-5718	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wichita Falls Anesthesia
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkes, William Sidney	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77706-4116	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burzynski, Stanislaw R.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77042-2127	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Burzynski Clinic
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burzynski, Stanislaw R.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77042-2127	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Burzynski Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/177 Rpt: 40/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bushore, David A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750-7835	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Balcones Dermatology Associates
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts, Jeffrey L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Boerne, TX 78006-7920	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Celebrity Care Medical Clinic
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buxton, Lawrence F.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657-8215	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. Ron Byrd, MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78746-5662	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRB Medical Associates	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Brownwood, TX 76804	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/177 Rpt: 41/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caesar, Rajani Ruth <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75602-7705	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, David L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-5144	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Hermann Medical Group
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callewart, Craig Carter <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-2814	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Craig C. Callewart, MD PA
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvary Medical, PA <hr/> Contributor address; City; State; Zip Code Cleveland, TX 77327-4542	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvary Medical, PA <hr/> Contributor address; City; State; Zip Code Cleveland, TX 77327-4542	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/177 Rpt: 42/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Maria Teresa <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78552-6235	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camero, Joseph Porfirio <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-8121	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Chess Medical Group LLP
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Kara <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-9326	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Tammy M. <hr/> Contributor address; City; State; Zip Code Shallowater, TX 79363-6400	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Physician Associates of Lubbock
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Kelly A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3407	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Collaborative Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/177 Rpt: 43/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caram, Dorothy	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Houston, TX 77005-2578		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier	Amount of Contribution (\$) \$208.34
Contributor address; City; State; Zip Code McAllen, TX 78501-3735		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Carey Jordan, Jr. MDPA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Beaumont, TX 77701-4666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carreras, Jose R.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Mission, TX 78572-2406		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mission Orthopaedics PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casimir, Robert T.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77096-3307		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Avail Anesthesia Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/177 Rpt: 44/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cauthen, Clay A. <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78705-1014	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Seton Heart Specialty Care & Transplant Ctr
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Patricia <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-1971	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cawley, James Erich <hr/> Contributor address; City; State; Zip Code Stephenville, TX 76401-1952	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) James E. Cawley, MD PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecil, Lauren <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76905-5605	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Central Texas Retina and Vitreous, P.A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2562	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/177 Rpt: 45/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cepeda, Nitzia E.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Austin, TX 78732-1646	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Jollyville Pediatrics
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chachere, Danny M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77024-4109	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Neurology Consultants of Houston PA
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Craig Anthony	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Frisco, TX 75034-4109	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Spine & Rehabilitation, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandna, Harish	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Victoria, TX 77904-3373	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Bill K.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546-4183	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bill K. Chang, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/177 Rpt: 46/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Peter <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-7047	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles W Page M.D., PA <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961-4249	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Christel <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-5194	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) CMSA VP Membership		Employer (See Instructions) Business Owner
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Christina A. <hr/> Contributor address; City; State; Zip Code Waco, TX 76710-1830	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Phebe C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-1817	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Partners Gulf Coast Division

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/177 Rpt: 47/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherches, Igor M. <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5513	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) The Neurology Center
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherian, Rany Antony <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-8391	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Avenue Medical Clinc
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chike-Obi, Chuma J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2038	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Office of Dr. Chuma J. Chike-Obi
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Children's Eye Center of South Texas, PA <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-5844	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Laurence <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-3821	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laurence Chu, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/177 Rpt: 48/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75244-7446	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Epic Pain and Orthopedics
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Crandon F. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79159-0358	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) High Plains Radiological Association, LLP
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Justin Wayne <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-7361	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lubbock Dermatology and Skin Cancer Center, LLP
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Priscilla Danielle <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-2049	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allen Anesthesia PA
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Robert Dwight <hr/> Contributor address; City; State; Zip Code Haltom City, TX 76117-2568	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/177 Rpt: 49/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Lawrence R.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77059-3177	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleaves, Peggy	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1734	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clegg, Cynthia Olfers	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2799	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dermatology Partners - Central Texas
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clos, Audra L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3013	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Dermatology
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Bend Eye Center	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/177 Rpt: 50/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Bend Oncology Hematology <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2733	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cocco, Jennyfer F. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-1930	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Plastic Surgery
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coco, Claire Marie <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2914	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) New Braunfels Urology Clinic
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Marci <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-5021	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) CMSA Membership 2019-20		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Alan M. <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310-1787	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acute Care Surgery Texoma

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/177 Rpt: 51/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Diana M.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77055-3615	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Hubert V.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78735-1480	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Kristen	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Tyler, TX 75701-2901	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Columbus, Cristie	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-5133	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cone, Howell Anson	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-4114	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/177 Rpt: 52/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper Clinic <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-2200	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Medical Associates <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-3478	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, Dennis James <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077-1847	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crabtree, Robert Norwood <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121-1058	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Berenice Morales <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-5312	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/177 Rpt: 53/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Kevin <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79416-4814	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Lubbock Sports Medicine
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Laurel <hr/> Contributor address; City; State; Zip Code Wolfforth, TX 79382-3248	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creamean, Troy L. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6342	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crespo, Rodrigo <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-4590	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medcare Associates, P.A.
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crombet, Ofelia <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-9034	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/177 Rpt: 54/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowder, J. Douglas <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231-4017	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullington, Gayle <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4937	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Currie, Oscar J. <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7635	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Beaumont Bone & Joint Institute
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dammert, Christi M. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7618	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danford, Brandon Curtis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-5837	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Associated Dermatologists, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/177 Rpt: 55/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dang, Joseph M. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024-5712	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Memorial Hermann Medical Group - Hospitalists Sout
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Herbert Bruce <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033-5933	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danly, David R. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-3109	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Andrews Center
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Owen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7006	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David E. Yardley M.D., P.A. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8310	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/177 Rpt: 56/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David R. Lunow, MD PA <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) _____		9 Employer (See Instructions) _____
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davies, Chris <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-7618	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Deborah J. <hr/> Contributor address; City; State; Zip Code Flint, TX 75762-5101	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) 2015-16 County Alliance President		Employer (See Instructions) Business Owner
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, George M. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384-1553	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) George M. Davis, MD
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marcus Samuel <hr/> Contributor address; City; State; Zip Code Ovalo, TX 79541-2518	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Gastroenterology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/177 Rpt: 57/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeCandia, Michael <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504-5670	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeJohn, Charles S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-1212	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Charles S. DeJohn, MD
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decherd, Michael E. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-8307	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) San Antonio Plastic Surgery Institute
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Carmen <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-9692	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Bill Mathew <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-4409	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/177 Rpt: 58/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dermatologic Surgery Center of Houston, PA <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77074-1818	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) The Hand Center Of San Antonio
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Kunj Kishore <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-4431	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Hand Center Of San Antonio
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiPasquale, John T. <hr/> Contributor address; City; State; Zip Code Longview, TX 75603-9514	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Marlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-5704	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Plano Wellness PLLC
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dill, Leah A. <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-2902	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) McCarty Weight Loss Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/177 Rpt: 59/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinh, Trung D. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77064-2609	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Fairfield Family Physicians, PA
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doan, David T. <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406-2754	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Child Neurology & Stroke of Houston
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobler-Dixon, Amber A. <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015-1080	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panhandle Eye Group, LLP
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahey, Brett Alan <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070-5222	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Angela <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-3130	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) TMAA President 2014-15		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/177 Rpt: 60/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossa, Mercedes	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-4904		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossett, Lucy McCauley	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Roanoke, TX 76262-0619		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dotson, Mary Jo	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code San Antonio, TX 78266-2952		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downing, Laura H.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78757-3114		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin OBGyn Assoc
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. A.H. Gutierrez Jr. M.D.P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Edinburg, TX 78541		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/177 Rpt: 61/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. David R. Benavides, MD, P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Laredo, TX 78041	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drever, Lisa	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Longview, TX 75605-7755	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ducic, Yadro	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Colleyville, TX 76034-4321	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Care, P.L.L.C
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duhaney, Robert L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78737-1502	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) One Medical - Austin
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Ezekiel L.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Abilene, TX 79602-1171	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abilene Family Medical Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/177 Rpt: 62/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Bryan M.	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Boerne, TX 78015-5169	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Victoria Emergency Associates, LLC
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Sandra	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746-3709	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dye, Julie	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-5817	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dysert, Linda	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-5225	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eads, Gregory L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77381-6263	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Women's Center for Well Being, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/177 Rpt: 63/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) East Texas Hematology and Oncology Clinic PA <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75904-3304	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) East Texas Hematology and Oncology Clinic PA <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-3304	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) East Texas Hematology and Oncology Clinic PA <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-3304	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) East Texas Hematology and Oncology Clinic PA <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-3304	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckmann, Nichole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255-2345	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) CMSA VP Membership		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/177 Rpt: 64/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edge, Colleen D.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75244-7224	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Preston Hollow Pediatrics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Guzman, M.D.P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Penitas, TX 78568	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo L. Jaramillo MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Nederland, TX 77627-6250	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eidson, Mark Carroll	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Weatherford, TX 76087-6989	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eidson, Sarah	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Weatherford, TX 76087-6989	
Principal occupation / Job title (See Instructions) 2019 County President		Employer (See Instructions) Mark C. Eidson, MD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/177 Rpt: 65/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eikenhorst, Ronald Ray <hr/> 6 Contributor address; City; State; Zip Code Carmine, TX 78932-5166	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Bryan Radiology Associates
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elder, Lynn <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2824	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elenz, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2918	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Nicole M. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385-3843	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler County Hospital
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elvin, Mariko <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8915	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) CMSA Membership 2019-2020		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/177 Rpt: 66/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erasto Canales, MD., P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78501-2943	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Jack Roy	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Nacogdoches, TX 75965-1615	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Diana	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code El Paso, TX 79936-3390	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diana Escobedo MD PA
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carolyn A.	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code Dallas, TX 75287-4911	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Pediatric Assoc.
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mary Candace	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-3035	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/177 Rpt: 67/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Practice Associates 6 Contributor address; City; State; Zip Code Kerrville, TX 78028-3395	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Practice Associates Contributor address; City; State; Zip Code Kerrville, TX 78028-3395	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farek, Elizabeth L. Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6128	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Harry L. Contributor address; City; State; Zip Code Friendswood, TX 77546-6419	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feferman, Robert Scott Contributor address; City; State; Zip Code Dallas, TX 75248-5602	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/177 Rpt: 68/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandes, Laura S. <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77382-2710	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Woodlands Heart and Vascular Institute PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filly, Mark J. <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-4043	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) DISC Spine Center
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fillmore, Tyson J. <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-1989	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Barbara L. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75234-5205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) North Texas SpineCare, LLP
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitz, Amy Lynn <hr/> Contributor address; City; State; Zip Code Wolfforth, TX 79382-3201	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/177 Rpt: 69/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, Michelle A. <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056-4904	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Florez, Luisa F. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-0754	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Florez, Luisa F. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-0754	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Gary W. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6301	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fontenot, William Lindsey <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7083	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diagnostic Clinic of Longview

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/177 Rpt: 70/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fordan, Steve V. <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104-4800	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Thyroid, Endocrinology and Diabetes, PA
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Eye Associates <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-3606	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortenberry, Dewitt C. <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75505-5217	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Karin H. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2832	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredrickson, Mark Allan <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-1350	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/177 Rpt: 71/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freedman, Lyle <hr/> 6 Contributor address; City; State; Zip Code Burleson, TX 76028-1337	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freiler, John Frederick <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251-4318	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Premier Allergy of Texas
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Jeffrey D. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-3105	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Institute for Reconstructive Sur
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frolichstein, Dena Renee <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78261-3024	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Liam M. <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-6913	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Geriatric Specialists

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/177 Rpt: 72/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Jose A. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206-1910	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Advantage Healthcare
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaalla, Ajay Kumar <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-1678	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadberry, Walter Leslie <hr/> Contributor address; City; State; Zip Code Fritch, TX 79036-1954	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Golden Plains Community Hospital
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galfione, Ronald R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2809	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ronald R. Galfione, MD PA
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandhi, Nita S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2346	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Silverlake Pediatric Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/177 Rpt: 73/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Claudia Patricia <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78526-9749	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Elena <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3621	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Affiliates of Family Medicine
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Rebecca S. <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526-4096	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) 2019 County President		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Rojas, Xavier <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Angela Fulgham <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-6453	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/177 Rpt: 74/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garretson, Melissa J.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76126-1909	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cook Children's Physicians Network
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Martin	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539-3472	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Martin Garza, M.D. P.A. (DLC Pediatrics)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gasper, Stephen G.	Amount of Contribution (\$) \$33.00
	Contributor address; City; State; Zip Code Carrollton, TX 75010-4901	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavino, Alde Carlo Patdu	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lakeway, TX 78738-1778	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geldernick, Mary Elizabeth	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130-4157	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mary Geldernick

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/177 Rpt: 75/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geloneck, Megan M. ----- 6 Contributor address; City; State; Zip Code Austin, TX 78730-0004	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dell Children's Medical Group
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George-Abraham, Jaya K. ----- Contributor address; City; State; Zip Code Austin, TX 78723-1537	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dell Children's Medical Group
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald, Robert Evans ----- Contributor address; City; State; Zip Code Amarillo, TX 79109-3538	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panhandle Eye Group, LLP
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghanta, Amaranath ----- Contributor address; City; State; Zip Code Odessa, TX 79761-3525	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical Center Hospital-Odessa
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbey, Laura K. ----- Contributor address; City; State; Zip Code Austin, TX 78749-2705	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/177 Rpt: 76/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmer, William S.	7 Amount of Contribution (\$) \$212.50
	6 Contributor address; City; State; Zip Code Houston, TX 77005-2613	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) William S. Gilmer, MD, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giralt, Sergio A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77005-2333	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gist, Stephen Elliott	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Garland, TX 75041-4468	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical Specialists Associated
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Jeffrey Lee	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lufkin, TX 75904-7453	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Children's Clinic of Lufkin, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gobert, Charles Robert	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Columbus, TX 78934-2406	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/177 Rpt: 77/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godinich, Mary Josephine <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551-4924	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mary Josephine Godinich, MD PA
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gogol, Lynette Marie <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-2399	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Victor Manuel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-3259	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Tomas A. <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-2164	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Vanessa C. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-3013	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Driscoll Children's Urgent Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/177 Rpt: 78/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Rachel A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Spring, TX 77389-4340	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dermisurgery Associates
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottesman, Andrew R.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75248-2954	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cooper Clinic, PA
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grabski, William J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bullard, TX 75757-7309	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Dermatology Partners - East Texas
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Laura A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704-1334	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Encompass Health Rehabilitation Hospital of Austin
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg M. Anigian, MD PA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/177 Rpt: 79/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guha, Sushovan <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-3169	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Regional Gastroenterology Institute
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulbas, Paul Stephen <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922-1751	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Eye Surgeons, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulley, Christopher O. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121-1685	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech School of Medicine
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Maureen Shevlin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238-1829	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H Neil Jacobson MD PA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-7350	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/177 Rpt: 80/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haden, James Russell <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75220-1907	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) James R. Haden, MD PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hahn, Yoav <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2412	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Ear Institute
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakim, Paul Fereidon <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-9336	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) High Plains Radiological Association
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halderman, Ashleigh A. <hr/> Contributor address; City; State; Zip Code Croton On Hudson, NY 10520-3218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ashley Goodnight <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-2855	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/177 Rpt: 81/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halsell, Karen Ruth <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-1920	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Pediatricians of Dallas
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halter, Dale G. <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5224	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Melissa Hanson <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-0443	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Craig E. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-1127	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cosmetic & Plastic Surgery Center
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Samuel Hills <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802-4309	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Brazos Valley Urology Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/177 Rpt: 82/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Emily Ann <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2632	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) ABC Pediatrics
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Robert Edgar <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-1101	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Victoria Allergy & Asthma Clinic
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Shannon Williams <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-7240	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TexomaCare
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carol Ann <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-4913	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heard, Dennis J. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-3200	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/177 Rpt: 83/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebeler, RuLan	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Dallas, TX 75220-1925		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heimbecker, Daniel A.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Angelo, TX 76904-2711		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) West Texas Medical Associates, PA
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Jacqueline I.	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2612		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinle, Jeffrey S.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77005-2041		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Congenital Heart Surg
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkes, David Norman	Amount of Contribution (\$) \$625.00
Contributor address; City; State; Zip Code San Antonio, TX 78209-2221		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pathology Reference Laboratory, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/177 Rpt: 84/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Amy M.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Wimberley, TX 78676-2102	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Live Oak Health Partners
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Kathleen C.	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-1803	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Patricia Kathryn	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665-2173	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Hernandez, Alejandro	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Mission, TX 78572-7281	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) RGV Wound Care
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilmi, John O.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308-1323	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Titanium Emergency Group, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/177 Rpt: 85/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinchey, Joann <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-2817	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoasjoe, Denis K. <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521-3158	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoermann, Matthew James <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-6087	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cornerstone Clinic
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohnadel, Anita <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8279	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohnadel, Michael R. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8279	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/177 Rpt: 86/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Robert Fred <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-1812	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Harlingen Medical Center
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-7565	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsomback, Thomas N. <hr/> Contributor address; City; State; Zip Code Baytown, TX 77520-5768	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Thomas N. Holsomback, MD, PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommer, Kitty <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2667	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hope, Richard H. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-5111	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lubbock Dermatology & Skin Cancer Center, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/177 Rpt: 87/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Richard C.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Amarillo, TX 79119-6261	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Panhandle Obstetrics and Gynecology
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howe, Amy Lindsay	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Spring, TX 77381-6639	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Neurology PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Daniel L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77009-7753	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Martha	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Carthage, MO 64836-8699	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyler, Cynthia L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78757-3428	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) VA Health Care Center @ Harlingen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/177 Rpt: 88/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Philip P. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204-2499	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dallas County Health & Human Services
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Willie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-2800	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbell, Gwendolyn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76134-3707	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Emmett Sterling <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-5467	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Emergency Ctr
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Lynn C. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1703	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/177 Rpt: 89/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffsmith, Brooke A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Katy, TX 77450-3065	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Carlsbad Medical Center
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Charles Von Oden	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Levelland, TX 79336-1289	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cochran Memorial Hospital
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hugo E. Isuani M.D., P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code El Paso, TX 79912-8524	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Helotes, TX 78023-4492	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Michael G.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Keller, TX 76262-7352	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Eye Specialists, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/177 Rpt: 90/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurlbut, Stephen C.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Weatherford, TX 76088-2025	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Neurology Specialists of North Texas
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley, Mary Elizabeth	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-4120	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Dermatology Assoc. PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Interiano, Benjamin	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77024-2608	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Benjamin Interiano, MD PA
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irr, William G.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-4749	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Neurology Consultants of Houston PA
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C.	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Houston, TX 77009-7753	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/177 Rpt: 91/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Norma B.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cypress, TX 77433-6718	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Methodist Primary Care Group - Towne Lake
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Robert E.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77030-3619	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Robert E Jackson, MD PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacoby, Eric Brian	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Plano, TX 75093-7570	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Care, P.L.L.C
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James M. May, M.D.P.A.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414-2909	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Kimberly D.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240-3107	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/177 Rpt: 92/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan, Jonathan T. <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77375-1542	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Avery Eye Clinic
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Douglas D. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2005	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Acute Care Solutions
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry, Krystal L. <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-4564	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Kids Pediatrics - Beaumont
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesudass, Samson W. <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Seton Healthcare Network
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joh P Oberniller MD PA <hr/> Contributor address; City; State; Zip Code Austin, TX 78716-2622	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/177 Rpt: 93/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John T Nguyen, MD, FACS, FICS, PA <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Susan D. <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-5938	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Diagnostic & Interventional Imagin
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Robin L. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3456	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Cheryl <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-4816	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) TMAA President 2013-14		Employer (See Instructions) Business Owner
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jason Patrick <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-1726	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/177 Rpt: 94/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jay McCutcheon <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-7822	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Medical Specialists Associated
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Julia L. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4414	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Neurological Institute
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Thomas Russell <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-4816	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health-Central Texas
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Woodson Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-2546	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Health San Antonio
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge A. Saldivar, MD PA <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115-2079	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/177 Rpt: 95/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose G Dones MD PA 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-8770	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose, Cherrie L. Contributor address; City; State; Zip Code Lubbock, TX 79424-1461	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez, Edward Cruz Contributor address; City; State; Zip Code El Paso, TX 79932-2920	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) WellMed Medical Management, Inc.
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jumper, Cynthia Ann Contributor address; City; State; Zip Code Lubbock, TX 79424-5001	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahlon, Sandeep Singh Contributor address; City; State; Zip Code Bedford, TX 76021-6605	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kane Hall Barry Neurology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/177 Rpt: 96/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kainer Erwin, Melissa A. <hr/> 6 Contributor address; City; State; Zip Code El Campo, TX 77437-2871	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Melissa A. Kainer Erwin MD PA
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kainth, Manvinder K. <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-2755	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Maple Primary Care
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Michael A. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4802	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical Center ENT Associates of Houston
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaur, Harman P. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7429	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay, Thomas Milton <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-3921	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/177 Rpt: 97/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kazi, Fareha Abid <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8178	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Allan R. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3011	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendrick, Brad Thomas <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-5456	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Linda <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-1893	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Shane W. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-1893	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dialysis Associates - Texas Kidney Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/177 Rpt: 98/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerbow, Beverly Musgrove	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78628-6971		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevorkian, Charles G.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Bellaire, TX 77401-2622		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Physical Medicine & R
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalid A. Ghazy, M.D. P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Laredo, TX 78045-8160		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Farhan Anwar	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Miami, FL 33165-5648		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Medical Center At Grapevine
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Muhammad B.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Pearsall, TX 78061-3912		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Khan Medical Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/177 Rpt: 99/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Ryan S.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Irving, TX 75063-8469	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Total Eye Care
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Sundra S.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Playa Vista, CA 90094-2666	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CompHealth
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimbrough, Thomas Duke	Amount of Contribution (\$) \$625.00
	Contributor address; City; State; Zip Code Galveston, TX 77550-7839	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Austin Irvin	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Abilene, TX 79605-5069	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin King MD PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Kelly	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232-2801	
Principal occupation / Job title (See Instructions) 2019 County President		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/177 Rpt: 100/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kittrell, Pamela	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78213-3354		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaus, Bart D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Columbus, TX 78934-2286		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Amy Walla	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Whitesboro, TX 76273-6894		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amy L. Klein, DO & Associates LLC
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knecht, John George	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code League City, TX 77573-2097		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Clear Lake Specialties, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knopp, Victor C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Katy, TX 77450-5387		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Victor C. Knopp, Jr., MD Family Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/177 Rpt: 101/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehler, Kevin <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6157	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohler-Webb, Victoria <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231-2202	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohlleppel, Shelley R. <hr/> Contributor address; City; State; Zip Code Pipe Creek, TX 78063-6389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medina Lake Clinic
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korenman, Philip D. <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3635	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraus, Lisa <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-0821	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/177 Rpt: 102/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Russell W. H.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77005-2204	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Facial Plastic Surgery Associates
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Russell W. H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77005-2204	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Facial Plastic Surgery Associates
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krol, Michael	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78750-8313	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Geriatric Specialists
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kronenberger, Michael B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75214-3611	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Specialty Care
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Anita Raquel	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Southlake, TX 76092-9554	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/177 Rpt: 103/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Sanjiv Ramesh <hr/> 6 Contributor address; City; State; Zip Code Uvalde, TX 78801-5660	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Eye Care Specialist
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurth, Christian Daniel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-8747	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurzydlo, Grzegorz P. <hr/> Contributor address; City; State; Zip Code Porter, TX 77365-3758	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kvapil, Peter R. <hr/> Contributor address; City; State; Zip Code Spring, TX 77382-1496	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Center for Digestive Disease
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwong, Cynthia <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8125	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/177 Rpt: 104/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La, Bao-Quoc H. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77063-1065	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dr. La Women's Health and Wellness
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laborde, Stephen Van <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2312	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laborde Dermatology, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laird, Nicole Allison <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-1940	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lairmore, Karen <hr/> Contributor address; City; State; Zip Code Shreveport, LA 71106-5500	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) 2017-18 TMAA President		Employer (See Instructions) Business Owner
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrck <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2415	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/177 Rpt: 105/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laue, Richard Reardon <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-5036	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas State University Student Health Center
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeSavage, Joan <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-4535	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Ramsey Fritz Jewels
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lebwohl, Jason Marc <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-5608	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hospitality Health ER/Precision Emergency Physicia
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Andy Matthew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-5430	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Total Eye Care
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Chevy Chu <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-1106	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/177 Rpt: 106/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Daria B.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77003-3316	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Daria B. Lee, M.D., P.A.
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jessica J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Magnolia, TX 77355-7536	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist OB/GYN Associates - Willowbrook
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Keagan H.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78723-2551	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sagis, PLLC
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Susan	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-9217	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lega, Bradley C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75214-2853	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/177 Rpt: 107/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann Eye Center PA <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-1370	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Sound Critical Care - Houston
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leke-Tambo, Awungjia C. <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-7388	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sound Critical Care - Houston
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Peter D. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2834	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Clinic Pain & Spine
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerma, Sammy <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602-3595	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leung, Kar-Wei <hr/> Contributor address; City; State; Zip Code Houston, TX 77094-7716	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Regional Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/177 Rpt: 108/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Jennifer	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Burton, TX 77835-5777		
8 Principal occupation / Job title (See Instructions) CMSA TMAA Board		9 Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liedtke, Jennifer G.	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Sweetwater, TX 79556-7917		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Discovery Medical Network
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippert, Dylan Corey	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75246-1791		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Specialty Care
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lock, Richard C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479-5728		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Richard C. Lock, MD PA
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Asa C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Tyler, TX 75703-0301		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/177 Rpt: 109/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez-Guerra, Alicia M.	7 Amount of Contribution (\$) \$55.00
	6 Contributor address; City; State; Zip Code Austin, TX 78748-4501	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Lisa R.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Tyler, TX 75709-8908	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Solo Practice - Lisa R. Lowry, MD
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luby, Maureen Theresa	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-3159	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusby, James E.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119-1660	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BSA Amarillo Diagnostic Clinic PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Patrick Dean	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Salado, TX 76571-5999	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/177 Rpt: 110/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maccato, Maurizio L.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77046-1500	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddukuri, Sreikha	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-4252	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kane Hall Barry Neurology
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madi, Sandra	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Rancho Viejo, TX 78575-9409	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magdy Tadros, MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77065-3840	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magee, Michael S.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76126-4955	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrative Emergency Services Residency Program

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/177 Rpt: 111/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magee, Norma S. <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504-1900	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Allure Dermatology (Norma Magee, MD)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magoon, Sheila Marie <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8138	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Physician Alliance
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahendra Mahatma, MD PA <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mainland Urology Clinic, PA <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Male, Richard Clark <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-6886	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/177 Rpt: 112/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Ruby Guajardo MD PA <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78503	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark S. Hickman, MD PA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$74.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, William Stevens <hr/> Contributor address; City; State; Zip Code Belton, TX 76513-7846	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, C. Perry <hr/> Contributor address; City; State; Zip Code Tyler, TX 75709-8909	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Solo Practice
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Kimberly S. <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-1716	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kimberly Salinas Marshall M.D. P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/177 Rpt: 113/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrea Zidd <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-1243	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Acute Care Solutions
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martincheck, David J. <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-4110	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Pain Consultants
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martindale, Timothy Dean <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712-3828	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Martindale Family Medicine Clinic
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Frank Eloy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-4192	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Maria Victoria <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1511	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/177 Rpt: 114/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massingill, Debbie <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Patrick Allen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5856	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Consultants of San Antonio-Medica
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Anita <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007-1601	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, G. Philip <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006-3200	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattox, Kenneth L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-5641	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Cardiothoracic Surgeon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/177 Rpt: 115/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Laura Katie <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78759-3732	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Maxwell Psychiatry
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Brett H. <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310-8439	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Surgical Group
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Alan James <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092-7642	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, James R. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-3240	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Dermatology Partners - North Texas (West)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCary, Leigh S. <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7539	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/177 Rpt: 116/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClellan, Ross Keith <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904-4595	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Shannon Health System
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrary, Dee Gordon <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072-8307	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCree, Kathi S. <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539-4552	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kathi McCree, MD
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCurdy, Elizabeth C. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-5457	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDill, Tandace Lorae <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-1831	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/177 Rpt: 117/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Cheryl K.	7 Amount of Contribution (\$) \$55.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-1134	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Center for Infectious Disease Associates
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, John Carl	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650-5022	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Good Shepherd Medical Center
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Margaret S.	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-1729	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, Suzanne	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Austin, TX 78731-1417	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee, Hanna Braden	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Castroville, TX 78009-2761	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/177 Rpt: 118/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGilvray, Daniel J. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2055	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) JPS Physician Group
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, William Robert <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-8989	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) William R. McKenna, MD PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeel, D'Auan <hr/> Contributor address; City; State; Zip Code Mount Pleasant, TX 75455-7982	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQuillin, Pamela A. <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8520	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OBGYN Total Healthcare for Women
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgreal Urology Associates <hr/> Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/177 Rpt: 119/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medical Arts Internal Medicine, PA <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78705-3376	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Arlington Nephrology, PA
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, B. Rai <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006-4001	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arlington Nephrology, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mein, Calvin E. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1666	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retina Consultants of Texas
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mejia Garagorry, Maria Alexandra <hr/> Contributor address; City; State; Zip Code League City, TX 77573-3380	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Maria Mejia, MD
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Wesley J. <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-5560	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/177 Rpt: 120/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Priscilla J.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Wharton, TX 77488-6844	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Memorial Hermann Medical Group
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Evan C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308-1920	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Titanium Emergency Group, LLP
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezera, Kimberly K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75229-6528	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TX Hand and Arm Center
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Lovoi, MD PA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78426	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaels, Kelly	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75703-0961	
Principal occupation / Job title (See Instructions) 2017-18 County President		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/177 Rpt: 121/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikus, J. Ryan	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Victoria, TX 77904-1137		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millard, Mark Warren	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75246-2073		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Advanced Lung Disease
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Elaine K.	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Granbury, TX 76049-2640		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Dermatology Spot
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Sheryl K.	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Richardson, TX 75082-2769		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Tyrone Joseph	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Frankston, TX 75763-3421		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Vascular Tyler

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/177 Rpt: 122/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Lindsay <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2811	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mintz, Laurie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1457	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mistry, Sandeep G. <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-3821	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Austin Urology
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Li-Yu H. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-5516	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Solo Practice
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mittal, Shilpi <hr/> Contributor address; City; State; Zip Code Forney, TX 75126-6985	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/177 Rpt: 123/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moinuddeen, Khaja <hr/> 6 Contributor address; City; State; Zip Code Webster, TX 77598-4234	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Surgical Specialists of Clear Lake - Pasadena
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moitheennazima, Binusha <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-0536	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Nacogdoches Pulmonary & Sleep
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Rodolfo <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2961	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Gregory Todd <hr/> Contributor address; City; State; Zip Code Ennis, TX 75119-7355	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/177 Rpt: 124/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Sunshine H. <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1847	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) 2018-19 TMAA President		9 Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morehead, Charlie A. <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101-0179	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kids Country Pediatrics
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Efren Antonio <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041-6450	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Sherry <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1547	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Msonthi Levine, MD PA <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/177 Rpt: 125/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muddasani, Pavani <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4589	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Health Care, P.L.L.C
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Marilyn W. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-3966	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myatt, James P. <hr/> Contributor address; City; State; Zip Code Waco, TX 76710-1024	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Waco Heart & Vascular
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Douglas P. <hr/> Contributor address; City; State; Zip Code McKinney, TX 75069-4651	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kidney Care Associates LLP
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagi, Ravneet K. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-3726	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cinco Family Medicine Office

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/177 Rpt: 126/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naithani, Vandana <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79707-1372	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nassour, Herbert James <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-2198	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Herbert J. Nassour, MD PA
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Nancy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407-2326	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) TMAA President 2001-2002		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neavel, Celia B. <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1544	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) People's Community Clinic
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neiman, Abigail R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4901	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abigail R. Neiman, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/177 Rpt: 127/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Jenny N. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-3521	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Southeast Texas Urology Associates, LLP
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, PD Julie <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-4852	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diagnostic Pulmonology and Sleep
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ninan, Mathews <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-1677	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Steven E. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-2503	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Steven E. Nolan, MD
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Alan A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2041	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Eye Specialists, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/177 Rpt: 128/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L. <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Brian Sanderson Wright <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-4917	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Graham Regional Medical Center
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northeast Texas Interventional Medicine, PA <hr/> Contributor address; City; State; Zip Code Mount Pleasant, TX 75455-2370	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nosnik, Pedro <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5228	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pedro Nosnik, MD PA
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwaokobia, Emmanuel K. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-3579	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Hermann Medical Group - Hospitalists Sout

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/177 Rpt: 129/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Anthony James <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75082-5205	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Anthony J O'Connell MD PA
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connor, Daniel B. <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-4019	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) First Choice Emergency Room
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Dwyer, Joseph M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1451	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obih, Ikechukwu John <hr/> Contributor address; City; State; Zip Code Austin, TX 78754-5622	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogeda, Fidel Lopez <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-1371	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family Care Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/177 Rpt: 130/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okoye, Chinelo I.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Katy, TX 77494-6877		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Katy Premier Primary Care
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olesky, Kayla S.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Haslet, TX 76052-1501		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Harris Methodist Northwest-Azle
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Eric Lawrence	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Midland, TX 79707-5005		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omar A. Gomez, MD PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Keller, TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oquendo Rincon, Marcial Andres	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75244-6418		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Guadalupe Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/177 Rpt: 131/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Jose M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kingwood, TX 77339-3521	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Jose M. Ortega, MD
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orthopedic Clinic of Galveston Cty Assoc	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Texas City, TX 77591-4015	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Francisco J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Richmond, TX 77469-2212	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osgood, Kevin G.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78732-2388	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Rheumatology Associates
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osterman, Debra M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Cypress, TX 77429-6884	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/177 Rpt: 132/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otto, James M.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-6928	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Charles Callis	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Arlington, TX 76016-6426	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Joshua L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258-4471	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Audie L. Murphy Memorial Veterans Hospital
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Kaye Kip	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code McAllen, TX 78504-5624	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Doctors Hospital At Renaissance - Edinburg
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oxford, Lance E.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75205-1714	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Specialty Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/177 Rpt: 133/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozuah, Uchenna Christopher <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035-9063	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Zidon Internal Medicine
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacheco Torres, Ricardo Alberto <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526-2836	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Brownsville Community Health Center
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pailes, Nathan Allen <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-3716	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valiant Anesthesia Associates PLLC
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pain, Alison R. <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-2958	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pandit, Rajiv <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-6656	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas ENT & Allergy Center, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/177 Rpt: 134/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pao, Julie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-1904	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Parkland Health
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh, Daksheshkumar R. <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-1636	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Daksheshkumar Parikh, MD PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Betty Jimi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5401	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Darvin C. <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-1057	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Kelly A. <hr/> Contributor address; City; State; Zip Code Granbury, TX 76048-2900	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/177 Rpt: 135/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Amish <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206-5322	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Nikunj Kumar I. <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-6815	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Riddhi J. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-3423	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ-El Paso-Residency Program
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Satin Suryakant <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-6751	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fertility Specialists of Dallas, PA
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Sundip Harishchandra <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-7538	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ENT for Children P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/177 Rpt: 136/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Vasishta M.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77030-2112	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Vinodkumar T.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77027-6220	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Vinodkumar Patel, MD
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Paul Bradley	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-3009	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Swiss OB-GYN, LLP
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pean, Joseph Leslie	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Mission, TX 78572-7432	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pulmonary Associates of Harlingen
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Dallas, TX 75244-7703	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Cardiologists of N TX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/177 Rpt: 137/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Daniel B.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Dallas, TX 75208-3113		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedersen, Neely	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2742		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peet, John Joseph	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Conroe, TX 77304-1707		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Woodlands Gynecology and Aesthetics
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pekarev, Maxim	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-2619		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MP Plastic Surgery PLLC
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pemberton, Amy	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Tyler, TX 75703-5874		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/177 Rpt: 138/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peralta, Max A. <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912-7551	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Sun City Family Physicians, PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Suzanne <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-5722	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Permian Pediatrics, P.A. <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-4579	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrin, Davey Melissa <hr/> Contributor address; City; State; Zip Code Forney, TX 75126-8232	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter J Damico MD PA <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/177 Rpt: 139/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, DeEtte Bragg <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-5428	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettibon, Ashley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-4302	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickell, Emily <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2062	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnow, Jeffery Matthew <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8006	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plagenhoef, Deborah L. <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-9645	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Dental Anesthesia Assoc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/177 Rpt: 140/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plotkin, Rachel <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75713-2897	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pluenneke, Anne Chandler <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2823	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fredericksburg Eye Associates, PLLC
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P. <hr/> Contributor address; City; State; Zip Code Humble, TX 77347-0876	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potty, Anish Govind Radhakrishnan <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-8160	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prasad, Ritesh R. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701-9215	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Direct Rehab Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/177 Rpt: 141/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Predanic, Mladen <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-3444	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Mia B. <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-8532	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) TMAA President 2007-2008		Employer (See Instructions) Business Owner
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proffer, Paul Lyndon <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-3547	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Proffer Surgical Association LLP
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Propst, Wendy <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2711	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) 2019 County President		Employer (See Instructions) Business Owner
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruitt, Bryan Harvie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-1627	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bryan H Pruitt, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/177 Rpt: 142/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruneda, Joe M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kerrville, TX 78028-8853	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Peterson Medical Associates, PLLC
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quraishi, Mohammed A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77059-3720	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mohammed Quraishi, MD
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Race, James E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75224-3000	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Home Visiting Doctors Management
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radimecky, Valen J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denton, TX 76208-1565	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Physicians Network
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajan, Geeta	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093-3863	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Plano Neurology PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/177 Rpt: 143/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Corazon Medina <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75038-6329	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Manuel R Tirona <hr/> Contributor address; City; State; Zip Code Irving, TX 75038-6329	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesia Alliance of Dallas
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Rogelio Sergio <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-7479	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) R. Sergio Ramirez MD PA
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashid, Shahid <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-2215	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Clinic For Pain Management, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathod, Minaxi K. <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092-4589	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Grayson Medical Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/177 Rpt: 144/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul A. Pena, M.D., P.A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raza, Maryam	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75287-7411	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Methodist Health System
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebello, Elizabeth M.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3753	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Anderson Cancer Center
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddy, Anand C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Odessa, TX 79761-5140	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ector County Hospital District dba Family Health C
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redish, Maureen	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Dallas, TX 75209-3330	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/177 Rpt: 145/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, James Justin <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76126-5176	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reis, Victor S. <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-4202	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Cardiovascular Surgery
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Jose R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-3138	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Principle Spine & Pain
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Gwyn <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-4634	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MDARCC - League City
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, H. Miller <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-5023	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) H. Miller Richert, M.D., PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/177 Rpt: 146/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggins, Richard Randolph <hr/> 6 Contributor address; City; State; Zip Code Jasper, TX 75951-7657	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ringel, Stephen J. <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665-2170	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, David Owen <hr/> Contributor address; City; State; Zip Code Waco, TX 76710-1633	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Hillcrest - X-Ray Physicians
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivenes, Scott Richardson <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-3885	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Methodist Sugar Land
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Ramon J. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1606	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesiology Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/177 Rpt: 147/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robare, Samantha J.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Magnolia, TX 77355-4591	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Mark R.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Whitehouse, TX 75791-6020	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Vascular Tyler
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Richard A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-5461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children S Hospital
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Anne	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Tyler, TX 75701-2910	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robins, Coby	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Midland, TX 79705-4434	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Midland Pediatric Associates PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/177 Rpt: 148/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rochkind, Jessica Rose <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551-4632	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Texas Medical Branch (UTMB)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockhill, Teresa Ann <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-3874	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jose E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-4747	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Orthopaedic Institute for Spinal Disorders
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Porfirio Sergio <hr/> Contributor address; City; State; Zip Code Rio Grande City, TX 78582-0832	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family Health Centers, LLP
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Erin D. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-1892	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sol Endocrinology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/177 Rpt: 149/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Jada Lane <hr/> 6 Contributor address; City; State; Zip Code Midlothian, VA 23112-5314	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Conroe Medical Center Hospital
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romain, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-3823	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosth, Joseph H. <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-5249	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pearland Diagnostic Clinic, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosado, Elenita L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2884	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Nesting Senior Care, PLLC
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbaum, R. Steve <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-2117	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/177 Rpt: 150/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Routh, Lori <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205-1515	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) CMSA VP Membership		9 Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruckman, Inga <hr/> Contributor address; City; State; Zip Code Austin, TX 78735-1847	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruibal, Calixto J. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-3412	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lawndale Medical Clinic
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushford, Frederick E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77054-2039	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Annette <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-4028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/177 Rpt: 151/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryder, Mary Margaret <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75701-4714	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Administrative		9 Employer (See Instructions) Tyler Urgent Care
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saad, Assad Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-4123	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laboratory Physicians Association
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saadeh, Constantine Khalil <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-3515	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy A.R.T.S., LLP
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saadeh, Constantine Khalil <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-3515	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy A.R.T.S., LLP
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadler, John Zell <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4324	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/177 Rpt: 152/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salam, Amir Q. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77089-1713	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Methodist Oncology Partners
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sambo, Tracy Elaine <hr/> Contributor address; City; State; Zip Code Sweetwater, TX 79556-2891	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rolling Plains Physicians Office
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samples, Barbara <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-3345	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanborn, Cheryl L. <hr/> Contributor address; City; State; Zip Code Denton, TX 76209-1303	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sander, Michael D. <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596-7120	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sander Orthopaedics & Sports Medicine PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/177 Rpt: 153/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sankar, Sudheer K. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-1705	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Kidney Care Centers
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago, Cesar <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-2774	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, Alberto <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2453	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santucci, Richard A. <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746-5285	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Crane Center
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraf, Michelle Ann <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-1701	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shannon Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/177 Rpt: 154/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sartori, Michele P. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-7452	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Daniel <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4579	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Ginger <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701-2909	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scarborough, Jon Hunter <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-7237	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrative Emergency Services Residency Program
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schackmuth, Sue <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-5125	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/177 Rpt: 155/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schermerhorn, James Edward <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75238-1560	7 Amount of Contribution (\$) \$49.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmid, Claire <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2536	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Jason F. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7428	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Rebecca Marie <hr/> Contributor address; City; State; Zip Code Jasper, TX 75951-6943	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Complete Healthcare Services, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulwolf, Elizabeth Marlow <hr/> Contributor address; City; State; Zip Code Austin, TX 78712-1869	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Austin Dell Internal Medicine Residency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/177 Rpt: 156/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwirtlich, Lonnie Ray <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418-7505	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Physicians Premier Emergency Center
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seade, Liz <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7369	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedighi, Hooman <hr/> Contributor address; City; State; Zip Code Dallas, TX 75234-5202	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sehgal, Supriya <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8517	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Jack David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-4381	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/177 Rpt: 157/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seifert, Sandra E.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code San Angelo, TX 76901-4549	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Shannon Clinic
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellechio, Michael Thomas	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78737-4542	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selod, Roshan Z.	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-3057	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senthilkumar, Kandasami	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706-7711	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kandasami Senthilkumar, MD PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senyszyn, Richard William	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130-3509	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/177 Rpt: 158/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serje-Mercado, Maria Claudia	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Brownsville, TX 78526-4096		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna, Aime D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code El Paso, TX 79922-1848		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sexton, Jonathon	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78731-3748		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafron, Lawrence A.	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Dallas, TX 75252-5938		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Advanced Eye Care Center - Denton
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Arathi A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78746-7964		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommuniCare Health Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/177 Rpt: 159/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Sheevam A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77018-1822	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dermatology Center of Northwest Houston
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Gregory L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77021-1235	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Associates of Texas, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Jennifer A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75010-4987	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) DFW Fertility Associates
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Heather P.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76116-8131	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Heather P.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76116-8131	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/177 Rpt: 160/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Jack Charles <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-3843	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Joseph H. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-8131	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Digestive Health Associates of Texas, PA DHAT
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Paul Michael <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-4992	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shiner, Erin K. <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4405	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texoma Rheumatology PLLC
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivani H Patel, PA <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-4403	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/177 Rpt: 161/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shokar, Navkiran Kaur <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78732-1242	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dell Medical School - Population Health
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Kimber <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-3892	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shroll, Joshua Timothy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78261-2815	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tricity Pain Associates-Corp
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidharthan, Arandapallam <hr/> Contributor address; City; State; Zip Code McAllen, TX 78503	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skor, Irene <hr/> Contributor address; City; State; Zip Code Houston, TX 77069-1792	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) TMAA President 2000-2001		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/177 Rpt: 162/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slayton, James Leonard	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Beaumont, TX 77706-3621		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sloane, Robin B.	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Fort Worth, TX 76110-1717		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Elmer G.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code North Richland Hills, TX 76180-1412		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Joi	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Tyler, TX 75703-5830		
Principal occupation / Job title (See Instructions) 2019 County President		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kendra	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78739-2051		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/177 Rpt: 163/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snider, Lynn <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-8136	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somogyi, Marie B. <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1156	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Eyelid & Facial Plastic Surgery Associates
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa, Sameta Fairchild <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801-3501	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South, Eric C. <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-8804	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South, Jamie King <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-8804	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/177 Rpt: 164/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southside Women's Center, P.A. <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414-4108	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speck, Fred Louis <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-4327	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Evelyn E. <hr/> Contributor address; City; State; Zip Code Austin, TX 78733-5760	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Jollyville Pediatrics
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splenser, Andres E. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5000	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Endocrinology Clinics of Texas, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spore, Scott Steven <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416-4805	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lubbock Urology Clinic LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/177 Rpt: 165/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sridhar, Srikanth <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-1996	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. John, Martha W. <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-6504	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Martha St. John, MD, PA
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stachowiak, Janice Ann <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-4134	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TTUHSC
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stachowiak, Janice Ann <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-4134	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TTUHSC
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Lisa Renee <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-1215	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/177 Rpt: 166/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starbranch Psychiatry Associates, PA <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77080	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Scott Perry <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-3300	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Stanley H. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-2519	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Stanley H. Stein MD PA
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stenoien, Randall A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2407	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Innovative Radiology, PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stetson, Cloyce L. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-4134	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ Health Sciences Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/177 Rpt: 167/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Zachary Thomas <hr/> 6 Contributor address; City; State; Zip Code Celina, TX 75009-3401	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Centennial Pediatrics PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Elizabeth S. <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-6580	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Story Medical, PA
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Herbert B. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-3619	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP (Excel Anesthesia)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strauss, Mark G. <hr/> Contributor address; City; State; Zip Code Odem, TX 78370-4307	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CHRISTUS Trinity Clinic-Thomas Spann
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strobel, Gennell DeAn <hr/> Contributor address; City; State; Zip Code Sherman, TX 75090-5000	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) G. Dean Strobel, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/177 Rpt: 168/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Kyle D. 6 Contributor address; City; State; Zip Code Dallas, TX 75214-4240	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Sports Medicine Clinic of North Texas
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suarez, Rassull R. Contributor address; City; State; Zip Code Rosharon, TX 77583-1210	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dow Chemicals Co TX Div
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudhakar, Selvin Contributor address; City; State; Zip Code Houston, TX 77058-3749	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Comprehensive Cardiology
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudheer K. Sankar, M.D., P.A. Contributor address; City; State; Zip Code Houston, TX 77074	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sugar Land Family Health Care, PA Contributor address; City; State; Zip Code Sugar Land, TX 77478-3863	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/177 Rpt: 169/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun Eye Care PA <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Rheumatology
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunkureddi, Prashanth R. <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-2541	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Rheumatology
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Haley D. <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-2222	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TeamHealth/EMC
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Lisa Louise <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swearingen, Alan B. <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-2554	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Interventional Pain Institute

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/177 Rpt: 170/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szczerba, Arthur Jack <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76310-1407	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Arthur J. Szczerba, MD PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Oscar A. <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-6957	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tejas Ear, Nose and Throat, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tariq, Shabrez <hr/> Contributor address; City; State; Zip Code Houston, TX 77083-6316	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Spine and Joint Pain Consultants
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarkenton, Tom Allen <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76088-7234	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatum, Ross J. <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-2893	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/177 Rpt: 171/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Constance C.	7 Amount of Contribution (\$) \$55.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79124-4939	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Jill Mina	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Abilene, TX 79602-5479	
Principal occupation / Job title (See Instructions) County Alliance President 2015-16		Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teichelmann, Sara	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Mc Gregor, TX 76657-3456	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Test, Victor J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424-1441	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech University Health Science Center
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetzlaff, Susanne	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Austin, TX 78731-4541	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/177 Rpt: 172/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Antony B.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566-3253	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Azreena Balsaver	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232-3508	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Azreena Thomas, MD
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Suchmor	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code League City, TX 77573-6741	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) First Choice Emergency of Alvin
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Gregory W.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232-3501	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gregory W. Thompson, MD
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B.	Amount of Contribution (\$) \$33.00
	Contributor address; City; State; Zip Code Beaumont, TX 77701	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Hospital of Southeast Texas Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/177 Rpt: 173/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thoppil, John J.	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Austin, TX 78732-1644	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) River Place OBGYN
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornhill, Earle Stephen	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Beaumont, TX 77707-3054	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Reliant Physicians of Southeast Texas
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiblier, Eric S.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78731-4541	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiac Clinic of Austin
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tibrewal, Anil Kumar	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Duncanville, TX 75116-4905	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Larry P.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77380-2642	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrated Emergency Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/177 Rpt: 174/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirado, Gilda	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Austin, TX 78746-4643		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tochterman, Alyssa D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code ANDREWS, TX 79714-2610		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Andrews Family Medicine
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toler, Gretchen Faye	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75230-2312		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Elizabeth	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479-2105		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Premier Internal Medicine Assoc PA
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Amy Michelle	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Orange, TX 77630-7736		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/177 Rpt: 175/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Maclong T.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Richardson, TX 75082-5604	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trousdale, Devin Mitchell	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75238-4141	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tumu, Hari	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78705-1850	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Brain and Spine
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuveson, Anne Terese	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-6740	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Physicians of Dallas PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twahirwa, Marcel Bahimba	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539-1417	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Doctors Hospital At Renaissance - Edinburg

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/177 Rpt: 176/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyring, Stephen <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058-3714	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dermatology Associates of Texas
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulrich, Nancy <hr/> Contributor address; City; State; Zip Code Tyler, TX 75707-1672	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) East Texas Neurology
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urso, Lori <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-4156	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) 2018-20 TMAA VP of Fiscal Affairs		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Usman, Asim R. <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-8869	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hunt Memorial Hospital District
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Radiologists & Associates <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8912	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/177 Rpt: 177/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Radiologists & Associates <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-8912	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) 		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buskirk, Ronald <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092-5330	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dorfy, Amy E. <hr/> Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657-4441	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Live Oak Medicine
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderlick, Mary E. <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-4863	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Neurology Consultants of Houston PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanexan, Elizabeth <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1848	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Physician Staff		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/177 Rpt: 178/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Winder Nelson <hr/> 6 Contributor address; City; State; Zip Code Hutto, TX 78634-4607	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vassar, Jill H. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-5439	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Aaron Montgomery <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022-6485	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victores, Andrew Jacob <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707-2400	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southeast Texas Ear, Nose & Throat Associates
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viere, Jane Marion <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-3759	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/177 Rpt: 179/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viesca, Carlos O. <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912-6431	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Deacon Carlos Omar Viesca
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vijjeswarapu, Daniel V. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CentroMed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, E. Linda <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541-4651	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Roberto <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-8159	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinh, Baominh P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-4744	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cy-Pain & Spine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/177 Rpt: 180/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voge, Victoria Mae <hr/> 6 Contributor address; City; State; Zip Code Gonzales, TX 78629-9113	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Chau M. <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-6206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Chau Vu, MD, PA
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Dennis Tobin, M.D.P.A. <hr/> Contributor address; City; State; Zip Code Victoria, TX 77903	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddingham, Rand Edward <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714-9151	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, John Patrick <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835-0481	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston County Surgical Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/177 Rpt: 181/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Vik <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79762-8416	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Vivekananda Wall, MD PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Heather Gayle Sutton <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067-1730	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Palo Pinto General Hospital
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Sherri <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-4360	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Allen Shawlun <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-7462	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Eye Associates
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warthan, Travis Lynn <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-6519	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/177 Rpt: 182/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, LaBaron T.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Spring, TX 77379-7204	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) North Houston Pathology Associates
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Jeremy Paul	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76116-0929	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Worth ENT
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jenelle Simon	Amount of Contribution (\$) \$33.00
	Contributor address; City; State; Zip Code Plano, TX 75093-3343	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Sarah	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-4247	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Dallas - Presbyterian Hospital
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinberger, Debra Gail	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-4475	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/177 Rpt: 183/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinblatt, Andrea	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Temple, TX 76502-7101		
8 Principal occupation / Job title (See Instructions) Administrative		9 Employer (See Instructions) Baylor Scott & White Pharmacy
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Robert M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Frisco, TX 75034-6802		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wellford, Armistead L.	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code San Antonio, TX 78230-2897		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart & Vascular Institute of Texas, P.A.
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weltge, Arlo F.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Bellaire, TX 77401-4826		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Emergency Medicine
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendl-Aoshima, Brittany	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2676		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/177 Rpt: 184/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Joseph Lee Brett <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5249	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Allergy & Asthma Specialists of Dallas
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westbrook, Benjamin James <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-5008	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Head and Neck Surgery
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, George William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2066	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Advanced Microsurgery of the Spine, P.A.
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Chad <hr/> Contributor address; City; State; Zip Code Hamlin, TX 79520-2818	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Clearfork Health Center
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, David C. <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801-4020	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sage Family Medicine Associates PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/177 Rpt: 185/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Libby	7 Amount of Contribution (\$) \$371.00
6 Contributor address; City; State; Zip Code Lubbock, TX 79423-2922		
8 Principal occupation / Job title (See Instructions) 2019 County President		9 Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Steven John	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75209-3342		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USA Plastic Surgery
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whited, Amy	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Austin, TX 78703-1832		
Principal occupation / Job title (See Instructions) Regional Director, Government Affairs - West, Genm		Employer (See Instructions) Business Owner
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehouse, Susan	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Victoria, TX 77904-4110		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, Douglas Eugene	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Coppell, TX 75019-7583		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/177 Rpt: 186/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, Loyd G. <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-6917	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney, Stephen E. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-3941	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiegand, Jeanne Lynn <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596-5645	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiesenthal, Alexis A. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-1959	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alexis Wiesenthal, MD, P.A.
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William E O'Mara Jr MDPA <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/177 Rpt: 187/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605-7706	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Urology Specialists - Longview
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Charles Edward <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022-8110	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Jan <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4693	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Lawrence A. <hr/> Contributor address; City; State; Zip Code Midland, TX 79708-8006	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) WesTex Urgent Care PLLC
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolkenfeld, Nathaniel <hr/> Contributor address; City; State; Zip Code Plano, TX 75023-6003	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical Center Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/177 Rpt: 188/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolthoff, Amanda Jo <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051-1118	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Amanda Wolthoff, MD PA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Suzanne <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-2440	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodlands Family Practice, P.A. <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380-3602	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, John B. <hr/> Contributor address; City; State; Zip Code Port Lavaca, TX 77979-5221	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Port Lavaca Clinic Associates, PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wu, Jennifer D. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1319	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Office Anesthesiology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/177 Rpt: 189/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xavier, Joseph R.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Paris, TX 75462-8036	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Eden Thomas	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Allen, TX 75013-2955	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, John K.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77019-3800	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youens, Duchicela & Associates, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Weimar, TX 78962-3680	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jennifer	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Tyler, TX 75701-7651	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 176/177 Rpt: 190/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, John Martin <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124-3617	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Robin <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-6905	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Rodney B. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-3904	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ Family Health Center-Cli
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yusoof, Syed Ather <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-6437	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panacea Clinic
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Belda <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-3723	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Capitol City Family Practice

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/177 Rpt: 191/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Guadalupe <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-4500	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Guadalupe Zamora, MD PA
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zanchi, Michael A. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1411	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northstar Anesthesia
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeichner, Sidney Benhamin <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087-2075	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeid, Yasser Fahmy <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711-6277	Amount of Contribution (\$) \$2,125.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Zeid Women's Health Center
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhao, Ying <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7005	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/2 Rpt: 192/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/17/2024	5 Corporation / Labor Organization name 1st Choice Pediatrics, PLLC	6 Amount (\$) 1,000.00
Date 10/17/2024	Corporation / Labor Organization name 1st Choice Pediatrics, PLLC	Amount (\$) 1,000.00
Date 10/18/2024	Corporation / Labor Organization name Abilene Dermatology & Skin Surgery Center, PC	Amount (\$) 99.00
Date 10/07/2024	Corporation / Labor Organization name Abilene Premier Eye Care PLLC	Amount (\$) 99.00
Date 10/08/2024	Corporation / Labor Organization name Advance Radiation Oncology Care, PLLC	Amount (\$) 99.00
Date 10/16/2024	Corporation / Labor Organization name Arthritis Clinic of Central Texas PLLC	Amount (\$) 99.00
Date 10/08/2024	Corporation / Labor Organization name Austin Epilepsy Care Center	Amount (\$) 99.00
Date 10/10/2024	Corporation / Labor Organization name Bottenfield Pediatric Associates	Amount (\$) 99.00
Date 10/10/2024	Corporation / Labor Organization name Bottenfield Pediatric Associates	Amount (\$) 99.00
Date 10/10/2024	Corporation / Labor Organization name Cedar Hill Pain & Rehab	Amount (\$) 99.00
Date 10/08/2024	Corporation / Labor Organization name FMUC PLLC	Amount (\$) 99.00
Date 10/10/2024	Corporation / Labor Organization name Fredericksburg Eye Associates, PLLC	Amount (\$) 99.00
Date 10/08/2024	Corporation / Labor Organization name Goolsby Pediatrics PLLC	Amount (\$) 99.00
Date 10/17/2024	Corporation / Labor Organization name Houston Dermatology Specialists	Amount (\$) 99.00
Date 10/22/2024	Corporation / Labor Organization name Jesse E Smith MD PLLC	Amount (\$) 99.00
Date 10/08/2024	Corporation / Labor Organization name John G McHenry MD MPH PLLC	Amount (\$) 99.00
Date 10/04/2024	Corporation / Labor Organization name Knox Dermatology & Laser	Amount (\$) 99.00
Date 10/17/2024	Corporation / Labor Organization name Laredo Arthritis Rheumatology Center, PLLC	Amount (\$) 99.00

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 2/2 Rpt: 193/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/07/2024	5 Corporation / Labor Organization name M. Kevin Harmon M.D., PLLC	6 Amount (\$) 99.00
Date 10/17/2024	Corporation / Labor Organization name Micah M. Gibson, M.D., PLLC	Amount (\$) 99.00
Date 10/17/2024	Corporation / Labor Organization name Paris OBGYN	Amount (\$) 99.00
Date 10/08/2024	Corporation / Labor Organization name Pedro J Penalo MD, PLLC	Amount (\$) 300.00
Date 10/22/2024	Corporation / Labor Organization name Peterson Health	Amount (\$) 99.00
Date 10/22/2024	Corporation / Labor Organization name Phoenix Associates	Amount (\$) 99.00
Date 10/07/2024	Corporation / Labor Organization name Physicians Hair Restoration Center Inc.	Amount (\$) 99.00
Date 10/18/2024	Corporation / Labor Organization name St. Elizabeth Management Group Inc.	Amount (\$) 99.00
Date 10/18/2024	Corporation / Labor Organization name St. Elizabeth Management Group Inc.	Amount (\$) 99.00
Date 10/17/2024	Corporation / Labor Organization name Stella Mattina Health, Inc	Amount (\$) 99.00
Date 10/22/2024	Corporation / Labor Organization name Unified Women's Healthcare of Texas, PLLC	Amount (\$) 99.00
Date 10/22/2024	Corporation / Labor Organization name Unified Women's Healthcare of Texas, PLLC	Amount (\$) 99.00
Date 10/17/2024	Corporation / Labor Organization name Woodlands Center for Special Surgery	Amount (\$) 99.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 194/205
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/22/2024	5 Corporation / Labor Organization name Texas Medical Association	6 Amount (\$) 16,331.21

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
---	---	--

4 Date 10/02/2024	5 Payee name Ann Johnson Campaign
-----------------------------	---

6 Amount (\$) \$12,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 56386 Houston, TX 77256
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ann Johnson, STATE HOUSE 134th TX
---------------------------------	---	---

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

Date 10/09/2024	Payee name Bhojani for Texas
--------------------	---------------------------------

Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 392 Eules, TX 76039
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salman Bhojani, STATE HOUSE 92nd TX
-------------------------------	---	---

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

Date 10/16/2024	Payee name Brent Money for Texas
--------------------	-------------------------------------

Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2606 Lee Street Greenville, TX 75401
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brent Money, STATE HOUSE 2nd TX
-------------------------------	---	---

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/09/2024	5 Payee name Bryan Hughes Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 450 Mineola, TX 75773	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bryan Hughes, STATE SENATE 1st TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Charles Cunningham Campaign	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 41964 Houston, TX 77241	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charles Cunningham, STATE HOUSE 133rd TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Chris Turner Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 182093 Arlington, TX 76096	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chris Turner, STATE HOUSE 96th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
---	---	--

4 Date 10/16/2024	5 Payee name Daniel Alders For Texas
-----------------------------	--

6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 8907 Tyler, TX 75711
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daniel Alders, STATE HOUSE 6th TX
---------------------------------	---	---

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

Date 10/07/2024	Payee name Dr. Lalani for Texas
--------------------	------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 6514 Houston, TX 77265
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Suleman Lalani, STATE HOUSE 76th TX
-------------------------------	---	---

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

Date 10/14/2024	Payee name Eddie Morales Campaign
--------------------	--------------------------------------

Amount (\$) \$8,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 352 Hillcrest Blvd. Eagle Pass, TX 78852
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eddie Morales, STATE HOUSE 74th TX
-------------------------------	---	--

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
---	---	--

4 Date 10/16/2024	5 Payee name Elect Charlene Ward Johnson
-----------------------------	--

6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 925775 Houston, TX 77292
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charlene Ward Johnson, STATE HOUSE 139th TX
---------------------------------	---	---

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

Date 10/23/2024	Payee name Greg Abbott Campaign
--------------------	------------------------------------

Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 308 Austin, TX 78767
---	--

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

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

Date 10/09/2024	Payee name Jessica Gonzalez Campaign
--------------------	---

Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 224011 Dallas, TX 75222-4001
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jessica Gonzalez, STATE HOUSE 104th TX
-------------------------------	---	--

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
---	---	--

4 Date 10/09/2024	5 Payee name John Bryant Campaign
-----------------------------	---

6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 140977 Dallas, TX 75214
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense John Bryant, STATE HOUSE 114th TX
---------------------------------	---	---

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

Date 10/08/2024	Payee name John Bucy Campaign
--------------------	----------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6633 Hwy 290 E. Ste. 104 Austin, TX 78723
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense John Bucy, STATE HOUSE 136th TX
-------------------------------	---	---

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

Date 10/09/2024	Payee name Josey Garcia for Texas House
--------------------	--

Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 110 E. Houston Street 7th Floor, Box 176 San Antonio, TX 78205
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Josey Garcia, STATE HOUSE 124th TX
-------------------------------	---	--

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
---	---	--

4 Date 10/09/2024	5 Payee name Kelly Hancock Campaign
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 821349 North Richland Hills, TX 76182
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kelly Hancock, STATE SENATE 9th TX
---------------------------------	---	--

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

Date 10/09/2024	Payee name Linda For Texas
--------------------	-------------------------------

Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1908 Haddock Drive Mesquite, TX 75149
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Linda Garcia, STATE HOUSE 107th TX
-------------------------------	---	--

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

Date 10/09/2024	Payee name Lois Kolkhorst Campaign
--------------------	---------------------------------------

Amount (\$) \$30,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2546 Brenham, TX 77834
---	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lois Kolkhorst, STATE SENATE 18th TX
-------------------------------	---	--

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

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/09/2024	5 Payee name Mihaela Plesa Campaign	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 796311 Dallas, TX 75248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mihaela Plesa, STATE HOUSE 70th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Molly Cook for Texas Senate	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Molly Cook, STATE SENATE 15th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Nathan Johnson Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 670994 Dallas, TX 75367	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nathan Johnson, STATE SENATE 16th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
---	---	--

4 Date 10/09/2024	5 Payee name Nicole Collier Campaign
-----------------------------	--

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 101 S. Jennings Suite 103C Fort Worth, TX 76104
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nicole Collier, STATE HOUSE 95th TX
---------------------------------	---	---

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

Date 10/02/2024	Payee name Pete Flores Campaign
--------------------	------------------------------------

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1005 Congress Ave Ste 580 Austin, TX 78701
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pete Flores, STATE SENATE 24th TX
-------------------------------	---	---

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

Date 10/23/2024	Payee name Philip Cortez Campaign
--------------------	--------------------------------------

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7919 Liberty Island San Antonio, TX 78227
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Philip Cortez, STATE HOUSE 117th TX
-------------------------------	---	---

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
---	---	--

4 Date 10/09/2024	5 Payee name Rafael Anchia Campaign
-----------------------------	---

6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 4468 Dallas, TX 75208
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rafael Anchia, STATE HOUSE 103rd TX
---------------------------------	---	---

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

Date 10/09/2024	Payee name Ramon Romero Campaign
--------------------	-------------------------------------

Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 181 Fort Worth, TX 76101
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ramon Romero, STATE HOUSE 90th TX
-------------------------------	---	---

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

Date 10/22/2024	Payee name Ramon Romero Campaign
--------------------	-------------------------------------

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 181 Fort Worth, TX 76101
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ramon Romero, STATE HOUSE 90th TX
-------------------------------	---	---

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

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
--	---	--

4 Date 10/09/2024	5 Payee name Ray Lopez Campaign
-----------------------------	---

6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 461753 San Antonio, TX 78246
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ray Lopez, STATE HOUSE 125th TX
---------------------------------	---	---

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

Date 10/09/2024	Payee name Rhetta Andrews Bowers Campaign
--------------------	--

Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3526 Lakeview Parkway Ste. B #211 Rowlett, TX 75088
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rhetta Bowers, STATE HOUSE 113th TX
-------------------------------	---	---

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

Date 10/09/2024	Payee name Todd Hunter Campaign
--------------------	------------------------------------

Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 445 Cape Henry Corpus Christi, TX 78412
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Todd Hunter, STATE HOUSE 32nd TX
-------------------------------	---	--

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/11 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
--	---	--

4 Date 10/16/2024	5 Payee name Trey Wharton Campaign
-----------------------------	--

6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 1242 Huntsville, TX 77342
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trey Wharton, STATE HOUSE 12th TX
---------------------------------	---	---

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

Date 10/09/2024	Payee name Venton For Texas
--------------------	--------------------------------

Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 Griffin St. West Suite 212 Dallas, TX 75215
--	--

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

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

--