MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Th	e MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 85					
3	COMMITTEE NAME		00015658						
ľ		ociation Political Action Committee		OFFICE USE ONLY					
				Date Received ELECTRONICALLY FILED 12/05/2024					
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP						
	ADDRESS	401 W. 15th St.							
	Change of Address	Austin, TX 78701		Date Hand-delivered or Date Postmarked					
5	CAMPAIGN	MS / MRS / MR FIRST	MI						
	TREASURER NAME	Mr. Clayton		Receipt # Amount					
				Date Processed					
		NICKNAME LAST	SUFF						
		Stewart		Date Imaged					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	; APT / SUITE #; CITY; S	TATE; ZIP CODE					
ľ	TREASURER	401 W. 15th Street	, APT/SUITE#, CITT, S	TATE, ZIP CODE					
	STREET ADDRESS	401 W. 1501 Sueer							
	(Residence or Business)								
		Austin, TX 78701							
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE					
	MAILING	401 W. 15th Street							
	ADDRESS								
	Change of Address	Austin, TX 78701							
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION						
	TREASURER PHONE	(512) 370-1365							
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)					
10	MONTHLY								
	REPORT FILING DEADLINE	January 5 April	I 5 July 5	October 5					
		February 5 May	August 5	November 5					
		March 5 June	e 5 September 5	X December 5					
11	. PERIOD COVERED	Month Day Year	THROUGH Month	-					
	OOVERED	10/26/2024	11/25	/2024					
	GO TO PAGE 2								
FOI	rms nrovided by Tey	as Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.5dd2ace2					

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 File	er ID (Eth	nics Commission Filers)
Texas Medical Associat	ion Political Action Cor	nmittee		000	15658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Denise Villalobos Sta	ate Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANT		THAN	\$	16.50
	2. TOTAL POLITICA (OTHER THAN PLEI		I TIONS OR GUARANTEES OF L	OANS)	\$	143,678.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDIT	URES		\$	117,808.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		NS MAINTAINED AS OF T	HE LAST DAY	\$	228,410.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE I		LL OUTSTANDING LOAN ERIOD	IS AS OF THE	\$	0.00
16 AFFIDAVIT	•					
		t	swear, or affirm, under pe rue and correct and includ Inder Title 15, Election Co	es all information	nat the accom required to be	panying report is e reported by me
				Mr. Clayton Ste	wart	
		-		ture of Campaign		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			, this the		day
			ny hand and seal of office.			×
Signature of officer ad	ninistering oath	Printed name o	f officer administering oath	n Titl	e of officer ad	ministering oath
Forms provided by Texas E	thics Commission	www.e	thics.state.tx.us		Ver	sion V4.1.0.5dd2ace2

MONTHLY FIL	LING GPAC R	EPORT:	PURPOSE		FORM MPAC
					Page 3 of 85 (Ethics Commission Filers)
2 COMMITTEE NAME exas Medical Associatio	on Political Action Corr	nmittee		13 Filer ID 00015658	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Don McLaughlin State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Christina Morales St	ate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Carol Alvarado State	e Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

MONTHLY FIL	LING GPAC R	EPORT:	PURPOSE			FORM MPAC ADDENDUM Page 4 of 85
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
exas Medical Associatio	on Political Action Corr	ımittee			00015658	(,
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Jose Menen	dez State Sena	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Linda Garcia Stat	e Representativ	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Pat Curry State R	Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

	LING GPAC R	EPORT:	PURPOSE		FORM MPAC
					Page 5 of 85
12 COMMITTEE NAME Texas Medical Association	on Political Action Corr	nmittee		13 Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Cole Hefner State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Carl Tepper State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Erin Gamez State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	•				

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC
					Page 6 of 85
2 COMMITTEE NAME exas Medical Association	on Political Action Corr	nmittee		13 Filer ID 00015658	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Sarah Eckhardt Stat	e Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Dustin Burrows Stat	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Donna Campbell Sta	ate Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC	
2 COMMITTEE NAME				13 Filer ID	Page 7 of 85 (Ethics Commission Filers)	
exas Medical Associatio	on Political Action Corr	imittee		00015658		
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Charles Perry Sta	te Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	oported Sen. Bryan Hughes State Senator			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Richard Raymond	State Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

Page 8 of 85

12 COMMITTEE NAME Texas Medical Association	n Political Action Com	nmittee		13 Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Greg Abbott Governor	_	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Borris Miles State Senato	Dr	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dan Patrick Lieutenant Govern	nor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	•				

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 9 of 85
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
exas Medical Associatio	on Political Action Corr	ımittee		00015658	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Joan Huffman Stat	e Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Todd Hunter State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ryan Guillen State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

MONTHLY FIL	ING GPAC R	REPORT	: PURPO	DSE			FORM MPAC
							Page 10 of 85
12 COMMITTEE NAME Texas Medical Associatior	Political Action Corr	mittoo				13 Filer ID 00015658	(Ethics Commission Filers)
	-		0				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Kevin	Sparks State	e Senato	r	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures	A. Supported					
	(Describe by date and location of election and nature of issue.)						
		B. Opposed					
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Brando	on Creighton	State S	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

11 of 85

17 COMMITTI	17 COMMITTEE NAME 18 Filer ID (E					
	dical Association Political Action Committee	00015658	1			
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 71,393.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$			
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 1,881.00			
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 70,404.58			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 116,068.95			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,739.73			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$			
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 1,000.00			

The Instruction Guide explains how to complete this form. Sch: 1/59 Rpt: 12/85 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658				
Texas Medical Association Political Action Committee 00015653 4 Date 5 Full name of contributor	The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/59 Rpt: 12/85
Texas Medical Association Political Action Committee 00015658 4 Date 5 Full name of contribution address; City: State; Zip Code 7 Amount of Contribution (\$) 11/10/2024 6 Contributor address; City: State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Physician Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 2010/27/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 10/27/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 11/10/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 10/27/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 11/10/2024 Advance of contributor out-of-state PAC (D#) Amount of Contribution (\$) 11/10/2024 Admire, Jane Farrar Contributor address; City: State; Zip Code Amount of Contribution (\$) 11/10/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 10/28/2024 Full name of contributor out-of-state PAC (D#)	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
11/10/2024 Acebo, Francisco Antonio \$99.00 6 Contributor address; City; State; Zip Code \$90.00 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Physician Pull name of contributor out-of-state PAC (Data and the second seco	Texas Medic	al Association Political Action Committee		
6 Contributor address: City; State; Zip Code Corpus Christi, TX 78418-6342 Perployer (See Instructions) 9 Employer (See Instructions) Physician See Instructions) Date Full name of contributor 10/27/2024 Adkins, Linda Swaan Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Texas Medical Association Alliance Principal occupation / Job title (See Instructions) Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (DP 11/07/2024 Full name of contributor out-of-state PAC (DP Admire, Jane Farrar Amount of Contribution (\$) \$99.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$99.00 Physician Full name of contributor out-of-state PAC (DP Amount of Contribution (\$) \$99.00 10/28/2024 Full name of contributor out-of-state PAC (DP Amount of Contribution (\$) \$99.00 10/28/2024 Full name of contributor out-of-state PAC (DP	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
6 Contributor address: City; State; Zip Code 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Full name of contributor 10/27/2024 Full name of contributor 0/27/2024 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) TMAA President 2012-13 Employer (See Instructions) Date Full name of contributor out-of-state PAC (Dot/ 11/07/2024 Full name of contributor out-of-state PAC (Dot/ Date Full name of contributor out-of-state PAC (Dot/ 11/07/2024 Full name of contributor out-of-state PAC (Dot/ Physician North Texas Ear Nose & Throat, PA Date Full name of contributor out-of-state PAC (Dot/ 10/28/2024 Full name of contributor out-of-state PAC (Dot/ 10/28/2024 Full name of contributor out-of-state PAC (Dot/ 10/28/2024 Full name of contributor	11/10/2024			\$99.00
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) WellMed @ Six Points Date Full name of contributor out-of-state PAC (Do#) Adkins, Linda Swan Amount of Contribution (\$) \$300.00 10/27/2024 Full name of contributor out-of-state PAC (Do#) Houston, TX 77056-2226 Amount of Contribution (\$) \$300.00 Principal occupation / Job title (See Instructions) TMAA President 2012-13 Employer (See Instructions) Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (DD#) Admire, Jane Farrar Amount of Contribution (\$) 11/07/2024 Full name of contributor out-of-state PAC (DD#) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) North Texas Ear Nose & Throat, PA \$99.00 Date Full name of contributor out-of-state PAC (DD#) Advanced OBGYN Associates, PA Amount of Contribution (\$) 10/28/2024 Full name of contributor out-of-state PAC (DD#) Advanced OBGYN Associates, PA Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (DD#				1
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) WellMed @ Six Points Date Full name of contributor out-of-state PAC (Do#) Adkins, Linda Swan Amount of Contribution (\$) \$300.00 10/27/2024 Full name of contributor out-of-state PAC (Do#) Houston, TX 77056-2226 Amount of Contribution (\$) \$300.00 Principal occupation / Job title (See Instructions) TMAA President 2012-13 Employer (See Instructions) Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (DD#) Admire, Jane Farrar Amount of Contribution (\$) 11/07/2024 Full name of contributor out-of-state PAC (DD#) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) North Texas Ear Nose & Throat, PA \$99.00 Date Full name of contributor out-of-state PAC (DD#) Advanced OBGYN Associates, PA Amount of Contribution (\$) 10/28/2024 Full name of contributor out-of-state PAC (DD#) Advanced OBGYN Associates, PA Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (DD#				
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) WellMed @ Six Points Date Full name of contributor out-of-state PAC (Do#) Adkins, Linda Swan Amount of Contribution (\$) \$300.00 10/27/2024 Full name of contributor out-of-state PAC (Do#) Houston, TX 77056-2226 Amount of Contribution (\$) \$300.00 Principal occupation / Job title (See Instructions) TMAA President 2012-13 Employer (See Instructions) Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (DD#) Admire, Jane Farrar Amount of Contribution (\$) 11/07/2024 Full name of contributor out-of-state PAC (DD#) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) North Texas Ear Nose & Throat, PA \$99.00 Date Full name of contributor out-of-state PAC (DD#) Advanced OBGYN Associates, PA Amount of Contribution (\$) 10/28/2024 Full name of contributor out-of-state PAC (DD#) Advanced OBGYN Associates, PA Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (DD#		Comus Christi TV 70/10 62/2		
Physician WellMed (@ Six Points Date Full name of contributor out-of-state PAC (DP;	Principal occu		C Employer (See Instructions	~\
Date Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) 10/27/2024 Adkins, Linda. Swan \$300.00 Contributor address; City; State; Zip Code Adkins, Linda. Swan \$300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) 11/07/2024 Admire, Jane Farrar S99.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor out-of-state PAC (De:				5)
10/27/2024 Adkins, Linda Swan \$300.00 Contributor address; City; State; Zip Code Houston, TX 77056-2226 Employer (See Instructions) TMAA President 2012-13 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Admire, Jane Farrar Amount of Contribution address; City; State; Zip Code Date Dallas, TX 75214-2921 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Contributor address; City; State; Zip Code Date Full name of contributor out-of-state PAC (ID#:	-		_	
Contributor address; City; State; Zip Code Houston, TX 77056-2226 Principal occupation / Job title (See Instructions) Employer (See Instructions) TMAA President 2012-13 Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (DPr)	
Houston, TX 77056-2226 Principal occupation / Job title (See Instructions) TMAA President 2012-13 Date 11/07/2024 Admire, Jane Farrar Contributor address; City; State; Zip Code Date Data Date Dalas, TX 75214-2921 Principal occupation / Job title (See Instructions) Physician Date 10/28/2024 Full name of contributor out-of-state PAC (ID#:) Advanced OBGYN Associates, PA Contributor address; City; State; Zip Code Richardson, TX 75082-3565 Principal occupation / Job title (See Instructions) Employer (See Instructions) Il/09/2024 Full name of contributor Out-of-state PAC (ID#:) Advanced contributor Out-of-state PAC (ID#:) <td>10/2/12024</td> <td></td> <td></td> <td>- - -</td>	10/2/12024			- - -
Principal occupation / Job title (See Instructions) TMAA President 2012-13 Employer (See Instructions) Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (D#:		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) TMAA President 2012-13 Employer (See Instructions) Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (D#:				
Principal occupation / Job title (See Instructions) Employer (See Instructions) TMAA President 2012-13 Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (ID#:		Houston TX 77056-2226		
TMAA President 2012-13 Texas Medical Association Alliance Date Full name of contributor out-of-state PAC (ID#:	Principal occu		Employer (See Instructions	<)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/07/2024 Admire, Jane Farrar \$99.00 Contributor address; City; State; Zip Code \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Advanced OBGYN Associates, PA Amount of Contribution (\$) 10/28/2024 Advanced OBGYN Associates, PA \$99.00 Contributor address; City, State; Zip Code Advanced OBGYN Associates, PA \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$99.00 Date Richardson, TX 75082-3565 Employer (See Instructions) \$99.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$99.00 Contributor address; City: State; Zip Code				
11/07/2024 Admire, Jane Farrar \$99.00 Contributor address; City; State; Zip Code				1
Contributor address; City, State; Zip Code Dallas, TX 75214-2921 Principal occupation / Job title (See Instructions) Physician Date 10/28/2024 Advanced OBGYN Associates, PA Contributor address; City, State; Zip Code Richardson, TX 75082-3565 Principal occupation / Job title (See Instructions) Employer (See Instructions) Richardson, TX 75082-3565 Principal occupation / Job title (See Instructions) Employer (See Instructions) Advanced OBGYN Associates, PA Contributor address; City; State; Zip Code Richardson, TX 75082-3565 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: 11/09/2024 Akundi, Aruna Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 Principal occupation / Job title (See Instructions) Employer (See Instructions))	
Dallas, TX 75214-2921 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor out-of-state PAC (ID#:) Advanced OBGYN Associates, PA Amount of Contribution (\$) 10/28/2024 Advanced OBGYN Associates, PA \$99.00 Contributor address; City, State; Zip Code Amount of Contribution (\$) Richardson, TX 75082-3565 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Advanct, Aruna	11/01/202 .			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor		Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor				
Physician North Texas Ear Nose & Throat, PA Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/28/2024 Advanced OBGYN Associates, PA \$99.00 Contributor address; City; State; Zip Code Full name of contributor address; City; State; Zip Code \$99.00 Richardson, TX 75082-3565 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Through occupation / Job title (See Instructions) Employer (See Instructions) \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$99.00		Dallas, TX 75214-2921		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/28/2024 Advanced OBGYN Associates, PA \$99.00 Contributor address; City; State; Zip Code \$99.00 Richardson, TX 75082-3565 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Akundi, Aruna Amount of Contribution (\$) T1/09/2024 Full name of contributor out-of-state PAC (ID#:) Akundi, Aruna \$99.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Flower Mound, TX 75028-5116 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
10/28/2024 Advanced OBGYN Associates, PA \$99.00 Contributor address; City; State; Zip Code \$99.00 Richardson, TX 75082-3565 Frincipal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$99.00	Physician		North Texas Ear Nose &	& Throat, PA
Contributor address; City; State; Zip Code Richardson, TX 75082-3565 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Akundi, Aruna Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
Richardson, TX 75082-3565 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Akundi, Aruna Amount of Contribution (\$) Contributor address; City; State; Zip Code \$99.00 Flower Mound, TX 75028-5116 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	10/28/2024	Advanced OBGYN Associates, PA		\$99.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/09/2024 Akundi, Aruna \$99.00 Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$99.00		Contributor address; City; State; Zip Code		1
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/09/2024 Akundi, Aruna \$99.00 Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$99.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/09/2024 Akundi, Aruna \$99.00 Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$99.00				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/09/2024 Akundi, Aruna \$99.00 Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			1	<u> </u>
11/09/2024 Akundi, Aruna \$99.00 Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
11/09/2024 Akundi, Aruna \$99.00 Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 Principal occupation / Job title (See Instructions) Employer (See Instructions)				.
Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116 Principal occupation / Job title (See Instructions) Employer (See Instructions))	
Flower Mound, TX 75028-5116 Principal occupation / Job title (See Instructions) Employer (See Instructions)	11/09/2024			\$99.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Elower Mound TX 75028-5116		
	Principal occu		Employer (See Instructions	~\

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/59 Rpt: 13/85	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Medic	al Association Political Action Committee			00015658	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/28/2024	Al Azar, Maurice	/			\$99.00
		6 Contributor address; City; State; Zip Code		ł		,
		Contributor address, City, State, Zip Code				
		Cleburne, TX 76033-6967				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
	Physician		Alazar Medical Group, F		.C	
⊢	-			Г		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1 000 00
	11/07/2024	Ali, Saiyeda				\$1,000.00
		Contributor address; City; State; Zip Code				
		E. (1)(() () E. (20400, 4040				
		Fort Worth, TX 76108-4212				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business Ow	ner	Business Owner			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/08/2024	Anderson, Matthew A.				\$99.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78731-4530				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Austin Pulmonary Cons	ulta	ants - North	
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	11/01/2024	August, Anissa G.	/			\$99.00
		Contributor address; City; State; Zip Code		ł		,
		Contributor address, City, State, Zip Code				
		Decatur, TX 76234-4696				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Physician		August Pediatrics PA	5)		
╘	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	Austin, Sara G.				\$750.00
		Contributor address; City; State; Zip Code				
L		Austin, TX 78731-4735				
l		pation / Job title (See Instructions)	Employer (See Instructions			
L	Physician		Seton Brain and Spine I	Ins	itute - Neurology	
I						

	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/59 Rpt: 14/85	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/22/2024	Babaian, Naira Spartak				\$99.00
		6 Contributor address; City; State; Zip Code		1		
		Plano, TX 75093-3574				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)		_
	Physician		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/15/2024	Bailey, Michael L.				\$33.00
		Contributor address; City; State; Zip Code		1		
		Aurora, TX 76078-4610				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Emergency Medicine Co	ons	sultants, Ltd.	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/03/2024	Bajwa, Kulvinder S.				\$99.00
		Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77479-3079				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		UT Physicians Bariatric	Su	irgery	
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/05/2024	Ballard, Ann L.				\$55.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78734-3436	/2	Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	IMAA Presi	dent 1990-91	Business Owner	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/11/2024	Barber, Hollie				\$55.00
		Contributor address; City; State; Zip Code]		
		Fort Worth, TX 76132-4510				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business Ow	<i>i</i> ner	Business Owner			

			1	
The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/59 Rpt: 15/85	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/15/2024	Barcelo, Carlos Raul			\$49.50
	6 Contributor address; City; State; Zip Code			
	Murphy, TX 75094-3240			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		International Craniofacia	al Institute	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/27/2024	Barrett, Richard M.			\$99.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401-5110			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Richard M. Barrett MD F	PA	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/28/2024	Bassett, Perry Eugene			\$99.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79106-1102			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/15/2024	Benjamin, Benson Bethel			\$33.00
	Contributor address; City; State; Zip Code			
	Garland, TX 75043-1864			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		American Radiology As	sociates, PA	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/29/2024	Bien-Willner Physicians Group PA			\$99.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77381-3123			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
		1		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/59 Rpt: 16/85	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	al Association Political Action Committee		00015658	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/15/2024	Bishop, Clayton			\$16.50
	6 Contributor address; City; State; Zip Code			
	Harlingen, TX 78552-0134			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Ear Nose & Throat Asso	ciates of Corpus Christi	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/15/2024	Boehm, Teresa E.		\$	\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78746-3207	· · · · · · ·		
	pation / Job title (See Instructions)	Employer (See Instructions	·	
Physician		Westlake Emergency Pr		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/28/2024	Bordelon, James H.			\$50.00
	Contributor address; City; State; Zip Code			
	5			
Duin single equip	Fort Worth, TX 76123-2155		、	
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions	.)	
		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/11/2024	Boudreaux, Craig S.			\$99.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77304-2981			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		SHSU Physicians	,	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
10/29/2024	Bourgeois, Camille	/		\$10.00
10/20/202	Contributor address; City; State; Zip Code			\\
	Contributor address, City, State, Zip Code			
	Houston, TX 77075			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	l ;)	
Student		n/a		

The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/59 Rpt: 17/85
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/29/2024	Brain & Spine Clinic, PA		\$99.00
	6 Contributor address; City; State; Zip Code		1
	Sugar Land, TX 77478-4050		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)
11/02/2024	Briggs, Deborah E.		\$99.00
	Contributor address; City; State; Zip Code		4
	Fredericksburg, TX 78624-4107		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		Seton Brain and Spine I	Institute - Neurology
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
11/07/2024			\$99.00
	Contributor address; City; State; Zip Code		
	Spring, TX 77389-4890		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Physician		Advanced Rheumatolog	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/03/2024		/	\$99.00
11/00/2024	·		φυσ.ου
	Contributor address; City; State; Zip Code		
	Dallas, TX 75254-2814		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
Physician		Texas Health Heart & V	
_			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/07/2024			\$99.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418-6440	-i	
-	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		CHRISTUS Health Texa	as A&M University School of Med

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 7/59 Rpt: 18/85	
2	FILER NAME			_	Filer ID (Ethics Commission	Filers)
_		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)	
	11/07/2024					\$99.00
	ļ	6 Contributor address; City; State; Zip Code		·		
	ł					
	1					
	ļ	Irving, TX 75039-3044				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician		Self Employed			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/21/2024	Bundrant, Bradly	/	·		\$99.00
		-				Ψ00.00
	ļ	Contributor address; City; State; Zip Code				
	1					
	ł	Ballinger, TX 76821-4124				
┝	Dringingl occu	-	Employer (See Instructions			
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Physician		Bradley Bundrant, MD, F			
	Date	Full name of contributor out-of-state PAC (ID#:)	4	Amount of Contribution (\$)	_
	10/31/2024	Burk, Linda Lorine				\$99.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
_		Dallas, TX 75220-3917				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Dallas Eye & Ear			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	T /	Amount of Contribution (\$)	
	11/01/2024	Burton, Allen W.				\$99.00
	!	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ					
	ļ	Houston, TX 77025-1211	ļ			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Physician		Self Employed	5)		
╞	-			1		
	Date	Full name of contributor out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	÷22.00
	10/29/2024	Calmes, James Michael				\$99.00
	1	Contributor address; City; State; Zip Code				
	1					
	1					
		Wilson, TX 79381-2340				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Arthritis & Osteoporosis	s Ass	oc., LLP	
⊢			<u> </u>			

	The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/59 Rpt: 19/85	
2	FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	Texas Medic	cal Association Political Action Committee		00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	10/29/2024	Cannan, Susan			\$99.00
		6 Contributor address; City; State; Zip Code			
		Abilene, TX 79601-5123			
8		pation / Job title (See Instructions)	9 Employer (See Instructions		
	Executive Di	rector	Big Country County Med	dical Society	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/17/2024	Cardenas, Carlos Javier			\$208.34
		Contributor address; City; State; Zip Code			
		McAllen, TX 78501-3735	1		
		pation / Job title (See Instructions)	Employer (See Instructions		
	Physician		South Texas Gastroente	erology	
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/30/2024	Carlson, David Edmund			\$99.00
		Contributor address; City; State; Zip Code			
		Abilana TX 70602 6200			
	Duin air al an an	Abilene, TX 79602-6208			
	Physician	ipation / Job title (See Instructions)	Employer (See Instructions	ork - Cardiovascular Surgery	
╘					
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	#00.00
	10/27/2024	Carroll, David John			\$99.00
		Contributor address; City; State; Zip Code	ſ		
			ſ		
		Midland, TX 79701-5846	ſ		
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Physician			oup of the Permian Basin, LLP	
⊨				-	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀርር በበ
	11/12/2024	Carsner, Jennifer			\$55.00
		Contributor address; City; State; Zip Code	ſ		
			ſ		
		Leander, TX 78641-2212			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Business Ow		Business Owner	')	
-					

└──						
Tł	he Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 9/59 Rpt: 20/85	
2 FII	ILER NAME			_	Filer ID (Ethics Commissio	on Filers)
		cal Association Political Action Committee			00015658	
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10	0/29/2024	Casanova, Mark A.				\$750.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75218-1826				
8 Pri	rincipal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Ph	hysician		Baylor Scott & White He	ealth	۱	
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
10	0/29/2024	Chandraprakasam, Satish				\$99.00
1		Contributor address; City; State; Zip Code		.		
1			I			
		Fort Worth, TX 76132-4444				
Pri	rincipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Ph	hysician		Self Employed			
Da	ate	Full name of contributor out-of-state PAC (ID#:)	$\overline{\top}$	Amount of Contribution (\$)	
10	0/29/2024	Chen, LeeChuan Andy	I			\$750.00
		Contributor address; City; State; Zip Code		.		
			l			
		Friendswood, TX 77546-3746				
		pation / Job title (See Instructions)	Employer (See Instructions			
Ph	hysician		Texas Oncology - Sugar	ar La	.nd	
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
11	1/15/2024	Chike-Obi, Chuma J.				\$16.50
1		Contributor address; City; State; Zip Code		"		
			l			
		Austin, TX 78704-2038				
	-	pation / Job title (See Instructions)	Employer (See Instructions			
Ph	hysician		Office of Dr. Chuma J. C	Chik	e-Obi	
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
10	0/29/2024	Childs, Tilden L.				\$1,875.00
		Contributor address; City; State; Zip Code		"		
			I			
		Fort Worth, TX 76109-1032				
Pri	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Ph	hysician		Radiology Associates of	of No	orth Texas, PA	

Th	ne Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 10/59 Rpt: 21/85
2 FIL	ER NAME			3 Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4 Da	ıte	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11	/15/2024	Chu, Laurence		\$33.00
		6 Contributor address; City; State; Zip Code		1
		Austin, TX 78717-3821		
		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Ph	nysician		Laurence Chu, MD PA	
Da	ıte	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11	/17/2024	Chun, Christopher Sung Jin		\$208.34
		Contributor address; City; State; Zip Code		1
		Dallas, TX 75244-7446		
	•	pation / Job title (See Instructions)	Employer (See Instructions	
Ph	nysician		Epic Pain and Orthoped	
Da	ite	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10	/28/2024	Cione, Dean Anthony		\$99.00
		Contributor address; City; State; Zip Code		1
<u> </u>		Plano, TX 75024		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)
	nysician		Self Employed	
Da		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11	./23/2024	Coleman, Troy Thomas		\$100.00
		Contributor address; City; State; Zip Code		
		Lufkin, TX 75901-7746		
Dri	incinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	nysician		ADRA Medical Imaging,	,
	-			1
Dai 11		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11	/13/2024	Constantine, Fadi C.		\$99.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75209-1504		
Pri	incinal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	nysician		Self Employed	5)

Ē	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/59 Rpt: 22/85
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Medic	al Association Political Action Committee		00015658
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	10/28/2024	Cook, Paul A.		\$99.00
	l	6 Contributor address; City; State; Zip Code		4
	I			
	I			
	I	Ringgold, TX 76261-5282		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Physician		Baylor Scott & White He	ealthTexas Provider Network
F	Date	Full name of contributor out-of-state PAC (ID#:_	•)	Amount of Contribution (\$)
	10/29/2024	Cooke, Shannon Eugene		\$300.00
	1	Contributor address; City; State; Zip Code		•
	I			
	I			
		Abilene, TX 79601-3033		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Hendrick Provider Netw	ork - Orthopedic Surgery
F	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	10/29/2024	Corpuz, Goddy T.		\$187.50
		Contributor address; City; State; Zip Code		1
	I			
	I			
		Round Rock, TX 78665-1245	i	
		pation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Baylor Scott & White Cli	inic-Cedar Park
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/09/2024	Cortese, Jack Locardi		\$1,000.00
	I	Contributor address; City; State; Zip Code]
	I			
	I	0		
	Drivelasou	Corpus Christi, TX 78411-1222		<u> </u>
		pation / Job title (See Instructions)	Employer (See Instructions	,
	Physician		Corpus Nephrology Net	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/13/2024	Cortinas, Diana		\$99.00
	I	Contributor address; City; State; Zip Code		
	I			
	I	MANUAR TY TOPOL OFFO		
\vdash		McAllen, TX 78504-9558		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Physician		Self Employed	

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/59 Rpt: 23/85	
2 FILER NAME			3 Filer ID (Ethics Commission	⊏ilors)
	al Association Political Action Committee		00015658	Filetsj
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/21/2024	Covarrubias, Baldemar			\$99.00
	6 Contributor address; City; State; Zip Code			
	- · · ·			
	Corpus Christi, TX 78414-6341			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Baldemar Covarrubias,	MD PA	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/18/2024	Crane, Curtis Nathan			\$99.00
-	Contributor address; City; State; Zip Code			
	West Lake Hills, TX 78746-5285			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician		Crane Center		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/15/2024	Damore, Stuart			\$99.00
	Contributor address; City; State; Zip Code			
	Leander, TX 78641-4262			
	pation / Job title (See Instructions)	Employer (See Instructions	•	
Physician		Baylor Scott & White Cli	inic-Cedar Park	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/02/2024	Darkhabani, Elizabeth Ann			\$55.00
ŀ	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414-6361			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Business Ow	ner	Business Owner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/04/2024	Darryl Dewitt Colliins MD PA			\$99.00
-	Contributor address; City; State; Zip Code			
	Portland, TX 78374-2913			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 13/59 Rpt: 24/85	
2	FILER NAME			_	Filer ID (Ethics Commission	i Filers)
_		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/15/2024	Darwich, Sophia				\$55.00
	1	6 Contributor address; City; State; Zip Code		·		
	1					
	1					
	ļ	Austin, TX 78703-2331				
8	Principal occu		9 Employer (See Instructions	<u> </u>		
	Business Ow		Business Owner	-,		
╞				—	Amount of Contribution (\$)	
	Date		/		Amount of Contribution (\$)	<u>ቀ</u> ሳሳ ሰሳ
	11/24/2024	Davey-Ranasinghe, Nicole Lee				\$99.00
	1	Contributor address; City; State; Zip Code				
	1					
	ļ					
		Amarillo, TX 79119-6692				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician	,	Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	·	Т	Amount of Contribution (\$)	
	11/15/2024	Davis, George M.	,			\$33.00
	11,10,202.					Ψ00.02
	1	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Conroe, TX 77384-1553				
┡	Dringing occ			<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Physician		George M. Davis, MD			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	11/10/2024	Dayawansa, Dhammie				\$55.00
	1	Contributor address; City; State; Zip Code		'		
	1					
	1					
	1	Temple, TX 76502-5771				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Business Ow	, ,	Business Owner	-,		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 20.00
	11/22/2024	Denduluri, Ramarao M.				\$99.00
	1	Contributor address; City; State; Zip Code				
	1					
	1					
		Bellaire, TX 77401-5340				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician	,	North Houston Urology,	, PA		
\vdash			<u> </u>			

The Instru	uction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 14/59 Rpt: 25/85	
2 FILER NAME	Ē		3 Filer ID (Ethics Commission I	Filers)
	ical Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
11/20/2024	— —			\$99.00
	6 Contributor address; City; State; Zip Code			
	Woodville, TX 75979-0729			
	supation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	Doss, Sharon			\$55.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-5710		-	
	cupation / Job title (See Instructions)	Employer (See Instructions)	
Business C		Business Owner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
11/15/2024	Dossett, Lucy McCauley			\$16.50
	Contributor address; City; State; Zip Code			
	Doopoles TV 76262 0610			
Dringinal occ	Roanoke, TX 76262-0619	Employer (See Instructions		
Physician	cupation / Job title (See Instructions)	Self Employed)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀባባ በበ
11/23/2024				\$99.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75025-3715			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Self Employed)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
10/28/2024		/		\$99.00
	Contributor address; City; State; Zip Code			ψ99.00
	Contributor address, City, State, Zip Code			
	Friendswood, TX 77546-4182			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Clear Lake Brain and Sp		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 15/59 Rpt: 26/85
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	00015658
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
10/27/2024 Encarnacion, Orlando J.	\$99.00
6 Contributor address; City; State; Zip Code	
Wimberley, TX 78676-6302	
8Principal occupation / Job title (See Instructions)9Employer (See In	
Physician St. David's Hea	Ith Care Partnership
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
11/15/2024 Escobedo, Diana	\$16.50
Contributor address; City; State; Zip Code	
El Paso, TX 79936-3390	
Principal occupation / Job title (See Instructions) Employer (See In	structions)
Physician Diana Escobed	o MD PA
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/28/2024 Esparza, Ramon	\$99.00
Contributor address; City; State; Zip Code	
Fort Worth, TX 76109-2755	
Principal occupation / Job title (See Instructions) Employer (See In	
Physician Cook Children's	s Health Care System
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
11/15/2024 Evans, Carolyn A.	\$16.50
Contributor address; City; State; Zip Code	
Dallas, TX 75287-4911	
Principal occupation / Job title (See Instructions) Employer (See In	
Physician North Dallas Pe	ediatric Assoc.
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/30/2024 Faillace, Paula	\$100.00
Contributor address; City; State; Zip Code	
I	
Houston, TX 77077-5455	
Principal occupation / Job title (See Instructions) Employer (See In	

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/59 Rpt: 27/85	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	cal Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/18/2024	Fakhoury, Ibrahim Sami		\$9	99.00
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79602-8159			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Physician		Self Employed	7	
_	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
Date 11/11/2024	Full name of contributor out-of-state PAC (ID#: Farley, Phuong-Khanh Jessica)	Amount of Contribution (\$)	99.00
11/11/2024			Ψ0	99.00
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75087-0178			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician	,	Self Employed	/	
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of Contribution (\$)	
11/05/2024	Fayle, Robert W.			99.00
	Contributor address; City; State; Zip Code			00100
	Houston, TX 77004-5964			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Physician		Houston Neurological In	stitute	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	Fenyes, David Anthony		\$5	50.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092-6362			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/21/2024	Figueroa, Ivan		\$9	99.00
	Contributor address; City; State; Zip Code			
	Coppell, TX 75019-2021			
-	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician		Self Employed		
		<u> </u>		

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 17/59 Rpt: 28/85	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
Texas Medic	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/07/2024				\$99.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75238-1842			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Baylor Scott & White Or	rthopedic Associates of Dall	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/25/2024	······································			\$99.00
	Contributor address; City; State; Zip Code		1	
	Tyler, TX 75701-3549	1		
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		UT Health Science Cen	-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	-
11/01/2024	Ford, Michael Carter			\$99.00
	Contributor address; City; State; Zip Code]	
	Dullard TV 75757 2007			
Dringinal occu	Bullard, TX 75757-2997	Employer (See Instructions	-\	
Physician	upation / Job title (See Instructions)	Employer (See Instructions Specialty Eyecare of Ty		
			-	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	*^^ ^0
11/11/2024			;	\$99.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75093-3418			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Pulmonary Medicine Co		
Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Fredrickson, Mark Allan	J	Amount of Contribution (\$)	\$49.50
				ຈ 4ອ.ວວ
	Contributor address; City; State; Zip Code			
	Midland, TX 79707-1350			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Midland Memorial Hosp		

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 18/59 Rpt: 29/85	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/06/2024	G. Anthanasi Orfanos				\$99.00
	ł	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Edinburg, TX 78539				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ل ے 3)		
	•			,		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/03/2024	Garges, Kim J.				\$99.00
	ļ	Contributor address; City; State; Zip Code		ł		
	ļ					
		Friendswood, TX 77546-4180				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician		NASA Spine Institute			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/15/2024	Gasper, Stephen G.			•••	\$33.00
		Contributor address; City; State; Zip Code		ł		• -
		Contributor address, City, State, Zip Code				
		Carrollton, TX 75010-4901				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ل ے 3)		
	Physician		Self Employed			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	11/07/2024	Gibson, Linda	/		Allount of Continuation (+)	\$55.00
	11/01/2027			•		Ψ00.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502-3052				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Administrativ		Temple ISD	''		
╞				—	t (Oost	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀባባ ባባ
	10/26/2024	Glenn, Sunny J.				\$99.00
		Contributor address; City; State; Zip Code				
	ļ					
		Fort Worth, TX 76110-2614				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Texas Health Care, P.L.	.L.(C	

L				
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/59 Rpt: 30/85
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	11/20/2024	Godines, Reynaldo		\$99.00
	I	6 Contributor address; City; State; Zip Code		
		Laredo, TX 78045-0007		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	3)
	Physician		Self Employed	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/15/2024	Gonzalez, Vanessa C.		\$33.00
	I	Contributor address; City; State; Zip Code		1
		Corpus Christi, TX 78414-3013		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Driscoll Children's Urger	nt Care
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/05/2024	Gore, Ty Lee		\$99.00
	1	Contributor address; City; State; Zip Code		
		Weatherford, TX 76087-4000	1	<u> </u>
		upation / Job title (See Instructions)	Employer (See Instructions	;)
	Physician		Self Employed	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/14/2024	Goswitz, Mary S.		\$99.00
		Contributor address; City; State; Zip Code		
		League City, TX 77573-5805		\
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Mary S. Goswitz, MD PA	1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/21/2024	Granados, Hector Manuel		\$99.00
		Contributor address; City; State; Zip Code		
	<u></u>	El Paso, TX 79912-7486	1 _ · /2 hartmatian	
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Hector Martinez, MD PA	4

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/59 Rpt: 31/85
2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/04/2024	Granchi, Thomas S.		\$99.0
	6 Contributor address; City; State; Zip Code		1
	Seabrook, TX 77586-3723		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		HCA Houston Healthcar	re Clear Lake
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/22/2024	Green, Casey B.		\$99.0
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76116-0927		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Physician		Connections Wellness C	Group
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
10/29/2024	Green, Mary K.		\$750.0
	Contributor address; City; State; Zip Code		1
	Marble Falls, TX 78654-7853		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		Mary Kelly Green, M.D.,	, PLLC
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/28/2024	Greer, Laura Gay		\$99.0
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75218-4322		
	upation / Job title (See Instructions)	Employer (See Instructions	,
Physician		Maternal Fetal Medicine	Cons of Dallas
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/29/2024	Greer, T. David		\$750.0
	Contributor address; City; State; Zip Code		1
	Henrietta, TX 76365-3226		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		T. David Greer MD and	Associates
-			

		·			
The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/59 Rpt: 32/85	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	cal Association Political Action Committee		_	00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
11/21/2024	Gruen, Robin				\$99.00
	6 Contributor address; City; State; Zip Code	1	1		
					l
	Lampasas, TX 76550-7440				
-	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		ļ
Physician		Family Medicine Clinic			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/29/2024	Guerra, Angela M.				\$300.00
	Contributor address; City; State; Zip Code		1		ļ
					ļ
	Friendswood, TX 77546-3343				
	pation / Job title (See Instructions)	Employer (See Instructions)	3)		l
Physician		Kelsey-Seybold Clinic			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
11/19/2024	Guirl, Jennifer				\$55.00
	Contributor address; City; State; Zip Code	1	1		l
	Shavano Park, TX 78230-5635				
	pation / Job title (See Instructions)	Employer (See Instructions	3)		
Business Ow	vner	Business Owner			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/29/2024	Hall, Pamela Ann				\$1,875.00
	Contributor address; City; State; Zip Code		1		
	San Antonio, TX 78209-9091				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician		Self Employed			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
11/11/2024	Hamilton, Jackson D.				\$99.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77005-4302				
	pation / Job title (See Instructions)	Employer (See Instructions			
Physician		MD Anderson Cancer C	:eni	.er	

L					
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 22/59 Rpt: 33/85		
2	FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	Texas Medical Association Political Action Committee			00015658	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	11/14/2024	Hanissian, Talynn A.			\$99.00
	,	6 Contributor address; City; State; Zip Code			
	ł				
	1				
	ł	Stafford, TX 77497-0487			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Physician		Hanissian Pediatrics		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/01/2024	Harris, Kathleen Weindorff			\$99.00
	!	Contributor address; City; State; Zip Code			
	ł				
	1				
		Longview, TX 75605-8293			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Physician		Diagnostic Clinic of Long	ıgview	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/22/2024	Haug, Yvonne Kay			\$99.00
	,				
	,				
	,				
		Fredericksburg, TX 78624-7500			
	-	upation / Job title (See Instructions)	Employer (See Instructions		
	Physician		Mid Texas Health Care	Assn, PA	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/18/2024	Heffernan, Jennifer Delia			\$99.00
	ł	Contributor address; City; State; Zip Code			
	1				
	ł				
L		Dallas, TX 75229-5221			
		upation / Job title (See Instructions)	Employer (See Instructions		
	Physician		Baylor Scott & White Ho	ouseCalls & Transitional Car	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/29/2024	Heil, Thomas Luke			\$750.00
	,	Contributor address; City; State; Zip Code			
	ļ				
	ł				
L		Dallas, TX 75205-1905			
		upation / Job title (See Instructions)	Employer (See Instructions		
_	Physician		Physician Partners of A	merica	
Γ			<u> </u>		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 23/59 Rpt: 34/85
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	00015658
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/05/2024 Hendrick, Daniel J.	\$99.00
6 Contributor address; City; State; Zip Code	
Amarillo, TX 79124-3717	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	ons)
Physician Amarillo Nephrology /	Associates
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024 Henry G. Raroque, Jr. MD, PA	\$99.00
Contributor address; City; State; Zip Code	
Irving, TX 75063	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/29/2024 Hernandez, Jacob	\$24.75
Contributor address; City; State; Zip Code	
San Antonio, TX 78249-3485	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Advocacy and Public Health Specialist Bexar County Medica	al Society
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/29/2024 Herrmann, Stephen A.	\$300.00
Contributor address; City; State; Zip Code	
Bellaire, TX 77401-4816	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Physician Houston Radiology A	ssociated
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/01/2024 Hibbitts, John McCartney	\$99.00
Contributor address; City; State; Zip Code	
Dallas, TX 75225-6931	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Physician Sunnyvale Sports Me	edicine and Orthopedic Surgery C

The Instru	uction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 24/59 Rpt: 35/85
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Lical Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/17/2024	Holland, Bradford W.		\$208.3
	6 Contributor address; City; State; Zip Code		1
	Waco, TX 76712-7565		
	cupation / Job title (See Instructions)	9 Employer (See Instructions	3)
Physician		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/18/2024	Holub, Michael Charles		\$100.0
	Contributor address; City; State; Zip Code		1
	Lucas, TX 75002-7428		
	cupation / Job title (See Instructions)	Employer (See Instructions	
Physician		Anesthesia Partners of I	Dallas
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/23/2024	Hubbard, Maria C.		\$99.0
	Contributor address; City; State; Zip Code		1
	Key Biscayne, FL 33149-1826	1	<u> </u>
	cupation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/17/2024	Humphreys, James Loyd		\$208.3
	Contributor address; City; State; Zip Code		1
	Helotes, TX 78023-4492		
	cupation / Job title (See Instructions)	Employer (See Instructions	3)
Physician		Precision Pathology	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/16/2024			\$99.0
	Contributor address; City; State; Zip Code]
	Temple, TX 76502-3621	1	<u> </u>
	cupation / Job title (See Instructions)	Employer (See Instructions	
Physician		Baylor Scott & White He	alth-Central Lexas

The Instru	etion Guide explains how to complete this	form	1 Total pages Schedule A1:	
	ction Guide explains how to complete this f	Sch: 25/59 Rpt: 36/85		
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
Texas Medic	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/14/2024	lannaccone, Susan Theresa			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Dallas, TX 75225-2458		Į	
	ipation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		UT Southwestern Medic		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	Indeyeva, Yula Alexandria			\$100.00
	Contributor address; City; State; Zip Code			
	Austin TV 70720 1464			
Dringing occu	Austin, TX 78730-1464			
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Self Employed	;)	
			T	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷222.04
11/17/2024	Isaacson, Terah C.			\$208.34
	Contributor address; City; State; Zip Code			
	Houston, TX 77009-7753			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ۱	
Physician		Bayou City Surgical Spe	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/05/2024	Jacobo Varon, M.D., P.A Plasric & Reconstruct		Amount of Contribution (\$)	\$99.00
11/00/202 .	Contributor address; City; State; Zip Code	ive ourgeryn and ourgery		400.00
	Continuation address, City, State, Zip Code			
	Bellaire, TX 77401-4045			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/07/2024	Jensen, Tammy			\$648.00
	Contributor address; City; State; Zip Code		•	
	Fort Worth, TX 76109-2634			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Business Ov	vner	Business Owner		

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 26/59 Rpt: 37/85		
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor Out-of-state PAC (ID#	+:)	7 Amount of Contribution (\$)	
11/11/2024	Jones, Rebecca O.		9	\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Tyler, TX 75703-0749			
Drincinal occur	ipation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Physician			s) c - Dehaven Eye Clinic, PA	
			-	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	000 24
11/17/2024	Jumper, Cynthia Ann		φ2	208.34
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424-5001			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician		Self Employed	· ,	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)	
11/15/2024	Kaden, Andreas	·/		\$99.00
	Contributor address; City; State; Zip Code			PC 0
	Corpus Christi, TX 78413-6048			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Ear Nose & Throat Asso	ociates of Corpus Christi	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
10/30/2024	Kane, Alex A.		4	\$99.00
	Contributor address; City; State; Zip Code		1	
	Dallas, TX 75287-7409			
-	ipation / Job title (See Instructions)	Employer (See Instructions		
Physician		UT Southwestern Medic	cal Center	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
11/22/2024	Kannan, Rajesh P.		9	\$99.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78405-1804			
-	ipation / Job title (See Instructions)	Employer (See Instructions		
Physician		Nueces County Medical	I Examiners Office	

	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 27/59 Rpt: 38/85	
2	FILER NAME			3 Filer ID (Ethics Commission File	ers)
		cal Association Political Action Committee		00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	11/06/2024	Kaufman, Matthew G.		4	\$99.00
	1	6 Contributor address; City; State; Zip Code			
	ļ				
	ļ				
		Houston, TX 77098-5314			
8		pation / Job title (See Instructions)	9 Employer (See Instructions		
	Physician		Houston Methodist Instit	tute for Reconstructive Sur	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/07/2024	Kennedy, Shane W.		\$1,0	000.00
		Contributor address; City; State; Zip Code			
	ļ				
	ļ	Fort Worth, TX 76123-1893			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)	
	Physician		Dialysis Associates - Te	exas Kidney Consultants	
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
	11/15/2024	Khan, Numan A.			\$99.00
	ļ	Contributor address; City; State; Zip Code			
	ļ				
	ļ	Houston, TX 77006-5494			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	δ)	
	Physician		Youris Cardiology Assoc	ciates	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
	11/07/2024	Khan, Tonya			300.00
	ļ	Contributor address; City; State; Zip Code		4	
	ļ				
	ļ				
	ļ	Granbury, TX 76048			
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> 3)	
	Business Ow	vner	Business Owner		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)	
	10/29/2024	Khetan, Rainer Anil			750.00
		Contributor address; City; State; Zip Code			
	ļ				
	ļ	Dallas, TX 75205-1905			
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
	Physician	,	North Texas Preferred F		
⊢					

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 28/59 Rpt: 39/85		
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/29/2024	Khetan, Roger Sunil		\$	\$1,875.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75205-1905	-		
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		North Texas Preferred F	Health Partners - Junius	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/25/2024	King, Craig Kent			\$300.00
	Contributor address; City; State; Zip Code			
	Longview, TX 75604-2716			
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
10/28/2024	Koehler, Michelle Z.			\$300.00
	Contributor address; City; State; Zip Code		1	
	New Braunfels, TX 78132-1675			
-	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	Krishnan, Vijay Kumar			\$99.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77706-7152			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Southeast Texas Anesth	hesia	
Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Amount of Contribution (\$)	
10/29/2024	Krohn, Karl L.			\$300.00
	Contributor address; City; State; Zip Code		1	
	Lufkin, TX 75904-5380			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Physicians of East Texa	as, LLP	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 29/59 Rpt: 40/85	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
		al Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/29/2024	Krohn, Kyle Gregory				\$300.00
		6 Contributor address; City; State; Zip Code		1		
L		Lufkin, TX 75904-5380	· · · · · · · · · · · · · · · · · · ·			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician		Self Employed	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/07/2024	Kronberg, Sharon				\$55.00
		Contributor address; City; State; Zip Code]		
		A				
	<u> </u>	Austin, TX 78733-2116		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business Ow		Business Owner	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/13/2024	Krueger, Jeffery Keith]		\$99.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75205-2926				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		Self Employed	5)		
⊨	-			<u> </u>		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$99.00
	10/29/2024	Krueger, Kurtis Ray				φ99.00
		Contributor address; City; State; Zip Code				
		Victoria, TX 77904-3300				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician	····· ,	Cardiovascular Associat		of Victoria	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	10/27/2024	Kumpati, Ganesh S.	/			\$200.00
	10/21/202	Contributor address; City; State; Zip Code		ł		Ψ <u></u>
		Fort Worth, TX 76104-4917				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Acclaim Physician Grou	р		
1						

·		· · · · · · · · · · · · · · · · · · ·		
The Instru	uction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 30/59 Rpt: 41/85	
2 FILER NAME			3 Filer ID (Ethics Commission File	lers)
Texas Medi	ical Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/07/2024	Lackan, Darren W.			\$99.00
	6 Contributor address; City; State; Zip Code			
		ļ		
	Fort Worth, TX 76132-4595			
	cupation / Job title (See Instructions)	9 Employer (See Instructions)		
Physician		Diabetes & Thyroid Cent	1	
Date	—)	Amount of Contribution (\$)	
11/05/2024				\$55.00
	Contributor address; City; State; Zip Code			
		ļ		
	Austin, TX 78704-4630			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	<u>م</u>	
Business O		Business Owner)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
11/09/2024		/		\$99.00
±±, • =	Contributor address; City; State; Zip Code			Ψυυι
		ļ		
	Carrollton, TX 75010-2314			
	cupation / Job title (See Instructions)	Employer (See Instructions)	;)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	Leedy, Liesel Elizabeth	ļ	1	\$99.00
	Contributor address; City; State; Zip Code			
Dringing or	Lufkin, TX 75904-4253		<u> </u>	
Principal occu Physician	cupation / Job title (See Instructions)	Employer (See Instructions) Self Employed)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀላሳ ሰበ
10/31/2024			·	\$99.00
	Contributor address; City; State; Zip Code			
		ļ		
	Corpus Christi, TX 78413-2718			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Physician		Christus Spohn Hospital		
1				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 31/59 Rpt: 42/85	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	cal Association Political Action Committee		00015658	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/14/2024	Leeson, Kimberly Anne Barnes		\$9	99.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78413-2718			
	ipation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Christus Spohn Health S	System	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/05/2024	Levin, Lorin Michelle		\$9	99.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75225-7111			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician		Preston Hollow Pediatric	CS	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/25/2024	Levy, Steven J.		\$9	99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77056-3570			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician		Hillcroft Medical Clinic		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/21/2024	Lobley, Brenda J.		\$9	99.00
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008-1709			
	pation / Job title (See Instructions)	Employer (See Instructions	·	
Physician		Emergency Medicine Co	onsultants, Ltd.	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/29/2024	Lohrey, John Howard		\$9	99.00
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008-1980	-		
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		UT Southwestern Medic	al Center	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 32/59 Rpt: 43/85	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	- cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/22/2024	Lopez, Roberto Mauro			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Mission, TX 78572			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
11/15/2024	Lowry, Stephen R.			\$99.00
	Contributor address; City; State; Zip Code		•	
	Abilene, TX 79606-5607			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Hendrick Provider Netw	ork - Anesthesia	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/27/2024	Luong, Trung T.			\$50.00
	Contributor address; City; State; Zip Code		•	
	Manvel, TX 77578-2039			
-	upation / Job title (See Instructions)	Employer (See Instructions	,	
Physician		Integrative Nephrology	of Houston	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	Malave, Ernesto			\$99.00
	Contributor address; City; State; Zip Code		1	
	Harker Heights, TX 76548-6043	<u>.</u>		
-	upation / Job title (See Instructions)	Employer (See Instructions	,	
Physician		Killeen Wellness and Ae	esthetics Center	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/21/2024	Manatt, Christopher S.		5	\$99.00
	Contributor address; City; State; Zip Code		1	
	Victoria, TX 77904-1651			
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Self Employed		

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 33/59 Rpt: 44/85 2 FILER NAME Texas Medical Association Political Action Committee 3 File ID (Elhics Commission File 00015658 4 Date 5 Full name of contributin
Texas Medical Association Political Action Committee 00015658 4 Date \$ Full name of contributor out-of-state PAC (IDE 7 11/13/2024 6 Contributor address; City; State, Zip Code 7 Amount of Contributor address; City; State, Zip Code 9 Employer (See Instructions) 9 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) State 11/15/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) State Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Radiology Associates of North Texas, PA Date Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) 11/09/2024 Full name of
Texas Medical Association Political Action Committee 00015658 4 Date S Full name of contributor ox-of-state PAC (IDF) 11/13/2024 Formation address; City; State: Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State: Zip Code 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 11/15/2024 Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$) 11/15/2024 Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$) 11/16/2024 Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$) 9 Incipal occupation / Job title (See Instructions) Radiology Associates of North Texas, PA Physician Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$)
11/13/2024 Martin, Andrew J. si 6 Contributor address; City, State; Zip Code Houston, TX 77019-6309 8 Principal occupation / Job title (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#;
i Contributor address: City; State; 2ip Code Houston, TX 77019-6309 Houston, TX 77019-6309 Physician Self Employed Date Full name of contributor out of state PAC (tor
6 Contributor address; City; State; Zip Code 8 Principal occupation Job title (See Instructions) 9 Employer (See Instructions) 9 Physician 9 Employer (See Instructions) Self Employed 11/15/2024 Full name of contributor out-of-state PAC (Dir:
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) Self Employed Date 11/15/2024 Full name of contributor out-of-state PAC (IDE) Martin, Joshua G. Amount of Contribution (\$) 11/15/2024 Martin, Joshua G. Sate Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) Radiology Associates of North Texas, PA Date Full name of contributor out-of-state PAC (IDE:) Masciale, Angelica A. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDE:) Masciale, Angelica A. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDE:) Masciale, Angelica A. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDE:) Business Owner Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Business Owner Amount of Contribution (\$) 11/14/2024 Full name of contributor out-of-state PAC (IDE:
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) Self Employed Date 11/15/2024 Full name of contributor out-of-state PAC (IDE) Martin, Joshua G. Amount of Contribution (\$) 11/15/2024 Martin, Joshua G. Sate Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) Radiology Associates of North Texas, PA Date Full name of contributor out-of-state PAC (IDE:) Masciale, Angelica A. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDE:) Masciale, Angelica A. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDE:) Masciale, Angelica A. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (IDE:) Business Owner Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Business Owner Amount of Contribution (\$) 11/14/2024 Full name of contributor out-of-state PAC (IDE:
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) Self Employed Date 11/15/2024 Full name of contributor out-of-state PAC (ID#) Martin, Joshua G. Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) Radiology Associates of North Texas, PA Date 11/09/2024 Full name of contributor out-of-state PAC (ID#) Masciale, Angelica A. Contributor address; City; State; Zip Code Amount of Contribution (\$) Radiology Associates of North Texas, PA Date 11/09/2024 Full name of contributor out-of-state PAC (ID#) Masciale, Angelica A. Contributor address; City; State; Zip Code Amount of Contribution (\$) Structure address; City; State; Zip Code Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Business Owner Amount of Contribution (\$) Structure address; City; State; Zip Code Date 11/14/2024 Full name of contributor out-of-state PAC (ID#) Helotes, TX 78023-4656 Amount of Contribution (\$) South Texas Pathology Associates, LLP Date 10/31/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) South Texas Pathology Associates, LLP Date 10/31/2024 Full name of contributor
Physician Self Employed Date Full name of contributor out-of-state PAC (D#. Amount of Contribution (\$) 11/15/2024 Martin, Joshua G. State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Radiology Associates of North Texas, PA Date Full name of contributor out-of-state PAC (D#. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (D#. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (D#. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (D#. Amount of Contribution (\$) 11/09/2024 Full name of contributor out-of-state PAC (D#. Amount of Contribution (\$) 11/14/2024 Full name of contributor out-of-state PAC (D#. Amount of Contribution (\$) 11/14/2024 Full name of contributor out-of-state PAC (D#. Amount of Contribution (\$) 11/11/14/2024 Full name of contributor out-of-state PAC (D#. Amount of Contribution (\$) 11/11/14/2024 Full name of contributor out-of-state PAC (D#. Suth Texas Pathology Associates, L
Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/15/2024 Martin, Joshua G. \$3 Contributor address; City; State; Zip Code Full name of contributor \$3 Principal occupation / Job title (See Instructions) Employer (See Instructions) Radiology Associates of North Texas, PA Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$3 11/09/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$3 11/09/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$3 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3 Business Owner Business Owner Business Owner \$4 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$4 11/14/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$4 11/14/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$4 Principal occupation /
11/15/2024 Martin, Joshua G. State Contributor address; City, State; Zip Code Texarkana, TX 75501-0021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:
Contributor address; City; State; Zip Code Texarkana, TX 75501-0021 Principal occupation / Job title (See Instructions) Physician Date 11/09/2024 Kentle (See Instructions) Masciale, Angelica A. Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Business Owner Date Full name of contributor out-of-state PAC (ID#:
Contributor address; City; State; Zip Code Texarkana, TX 75501-0021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Amount of Contributor Date Full name of contributor out-of-state PAC (ID#) 11/09/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) St Contributor address; City; State; Zip Code Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner Business Owner Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) I11/14/2024 Amount of Contributor Ity: State; Zip Code Amount of Contribution (\$) Helotes, TX 78023-4656 Employer (See Instructions) Physician South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#) 10/31/2024 Full name of contributor out-of-sta
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Radiology Associates of North Texas, PA Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Amount of Contribution (\$) 11/09/2024 Masciale, Angelica A. \$3 Contributor address; City, State; Zip Code Corpus Christi, TX 78413-2731 Amount of Contributions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/14/2024 Helotes, TX 78023-4656 Employer (See Instructions) Set Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4 11/14/2024 Helotes, TX 78023-4656 Employer (See Instructions) \$4 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4 Date Full name of contributor out-of-state PAC (ID#
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Radiology Associates of North Texas, PA Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Amount of Contribution (\$) 11/09/2024 Masciale, Angelica A. \$3 Contributor address; City, State; Zip Code Corpus Christi, TX 78413-2731 Amount of Contributions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/14/2024 Helotes, TX 78023-4656 Employer (See Instructions) Set Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4 11/14/2024 Helotes, TX 78023-4656 Employer (See Instructions) \$4 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$4 Date Full name of contributor out-of-state PAC (ID#
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Radiology Associates of North Texas, PA Date Full name of contributor out-of-state PAC (ID#) 11/09/2024 Masciale, Angelica A. \$3 Contributor address; City, State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner Business Owner Date Full name of contributor out-of-state PAC (ID#) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Athitis, Derek A. Contributor address; City; State; Zip Code Amount of Contribution (\$) 11/14/2024 Helotes, TX 78023-4656 Employer (See Instructions) Physician Employer (See Instructions) South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#
Physician Radiology Associates of North Texas, PA Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/09/2024 Masciale, Angelica A. State Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code State Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Business Owner Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/14/2024 Mathis, Derek A. Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) State Physician Helotes, TX 78023-4656 Employer (See Instructions) Physician South Texas Pathology Associates, LLP Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/09/2024 Masciale, Angelica A. St Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code St Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/14/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/14/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/14/2024 Helotes, TX 78023-4656 Employer (See Instructions) St Principal occupation / Job title (See Instructions) Employer (See Instructions) St Physician Job title (See Instructions) Employer (See Instructions) St Physician Gontributor out-of-state PAC (ID#:
11/09/2024 Masciale, Angelica A. St Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Business Owner Business Owner Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/14/2024 Mathis, Derek A. Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) St Principal occupation / Job title (See Instructions) Employer (See Instructions) St Principal occupation / Job title (See Instructions) Employer (See Instructions) St Physician South Texas Pathology Associates, LLP South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 10/31/2024 McDuffie, Chad M. St St Contributor address; City; State; Zip Code Dallas, TX 75229-5439 Amount of Contribution
Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2731 Principal occupation / Job title (See Instructions) Business Owner Date Full name of contributor 0ut-of-state PAC (ID#) Amount of Contribution (\$) 11/14/2024 Mathis, Derek A. Contributor address; City; State; Zip Code Helotes, TX 78023-4656 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Date Full name of contributor 0ut-of-state PAC (ID#) Amount of Contribution (\$) Physician Date 10/31/2024 Full name of contributor 0ut-of-state PAC (ID#) Amount of Contribution (\$) 10/31/2024 Date Full name of contributor 0ut-of-state PAC (ID#) Amount of Contribution (\$) McDuffie, Chad M. Contributor address; City; State; Zip Code Dallas, TX 75229-5439
Corpus Christi, TX 78413-2731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner Business Owner Date Full name of contributor out-of-state PAC (ID#:) 11/14/2024 Mathis, Derek A. Contributor address; City; State; Zip Code Amount of Contribution (\$) Helotes, TX 78023-4656 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) State; Zip Code Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Introductor address; City; State; Zip Code Amount of Contribution (\$) Data Full name of contributor State context of contributor address; City; State
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Business Owner Date Full name of contributor out-of-state PAC (ID#:) Mathis, Derek A. Amount of Contribution (\$) 11/14/2024 Mathis, Derek A. Contributor address; City; State; Zip Code Amount of Contribution (\$) Helotes, TX 78023-4656 Helotes, TX 78023-4656 Employer (See Instructions) South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) 10/31/2024 Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) Data Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) Data Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) Data Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) Data Data Totributor address; City; State; Zip Code Amount of Contribution (\$) Data Totributor address; City;
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Business Owner Date Full name of contributor out-of-state PAC (ID#:) Mathis, Derek A. Amount of Contribution (\$) 11/14/2024 Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) Helotes, TX 78023-4656 Employer (See Instructions) Physician Employer (See Instructions) South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) 10/31/2024 Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) Dallas, TX 75229-5439 Dallas, TX 75229-5439 Amount of Contributor
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Business Owner Date Full name of contributor out-of-state PAC (ID#:) Mathis, Derek A. Amount of Contribution (\$) 11/14/2024 Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) Helotes, TX 78023-4656 Employer (See Instructions) Physician Employer (See Instructions) South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) 10/31/2024 Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) Dallas, TX 75229-5439 Dallas, TX 75229-5439 Amount of Contributor
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/14/2024 Mathis, Derek A. \$6 Contributor address; City; State; Zip Code Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/31/2024 McDuffie, Chad M. \$6 Dallas, TX 75229-5439 Dallas, TX 75229-5439 South Texas Pathology Associates, LLP
11/14/2024 Mathis, Derek A. \$6 Contributor address; City; State; Zip Code Helotes, TX 78023-4656 \$6 Principal occupation / Job title (See Instructions) Employer (See Instructions) South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/31/2024 Full name of contributor out-of-state; Zip Code \$9 Date Full name of contributor out-of-state; Zip Code \$9 Date Full name of contributor out-of-state; Zip Code \$9 Data Contributor address; City; State; Zip Code \$9 Dallas, TX 75229-5439 Dallas, TX 75229-5439 \$9
11/14/2024 Mathis, Derek A. \$6 Contributor address; City; State; Zip Code Helotes, TX 78023-4656 \$6 Principal occupation / Job title (See Instructions) Employer (See Instructions) South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/31/2024 Full name of contributor out-of-state; Zip Code \$9 Date Full name of contributor out-of-state; PAC (ID#:) Amount of Contribution (\$) 10/31/2024 Contributor address; City; State; Zip Code \$9 Dallas, TX 75229-5439 Dallas, TX 75229-5439 South Texas Pathology Associates, LLP
Contributor address; City; State; Zip Code Helotes, TX 78023-4656 Principal occupation / Job title (See Instructions) Physician Date Full name of contributor 10/31/2024 McDuffie, Chad M. Contributor address; City; State; Zip Code Datlas, TX 75229-5439
Helotes, TX 78023-4656 Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) McDuffie, Chad M. Amount of Contribution (\$) 10/31/2024 McDuffie, Chad M. \$\$ Contributor address; City; State; Zip Code Dallas, TX 75229-5439
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 McDuffie, Chad M. Contributor address; City; State; Zip Code State; Zip Code Dallas, TX 75229-5439 Dallas, TX 75229-5439
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 McDuffie, Chad M. Contributor address; City; State; Zip Code State; Zip Code Dallas, TX 75229-5439 Dallas, TX 75229-5439
Physician South Texas Pathology Associates, LLP Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/31/2024 McDuffie, Chad M. \$\$ Contributor address; City; State; Zip Code Dallas, TX 75229-5439 \$\$
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/31/2024 McDuffie, Chad M. \$\$ Contributor address; City; State; Zip Code Dallas, TX 75229-5439
10/31/2024 McDuffie, Chad M. \$8 Contributor address; City; State; Zip Code Dallas, TX 75229-5439
Contributor address; City; State; Zip Code Dallas, TX 75229-5439
Dallas, TX 75229-5439
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Physician Ear, Nose Throat Associates of Texas

	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 34/59 Rpt: 45/85	
Ļ					•	、
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
		al Association Political Action Committee			00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/29/2024	McGehee Medical, PA				\$300.00
		6 Contributor address; City; State; Zip Code				
	Deinsinglasse	Midland, TX 79704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
╘				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* == 00
	10/29/2024	McGehee, Liz				\$55.00
		Contributor address; City; State; Zip Code				
		Midland, TX 79704-4035				
_	Drincipal occu	pation / Job title (See Instructions)	Employer (See Instruction			
	Business Ov		Business Owner	5)		
╞				_		
	Date		ID#:)		Amount of Contribution (\$)	#00.00
	10/29/2024	McKinlay, Alex John				\$99.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78261-2300				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u>		
	Physician		Self Employed			
⊢	Date	Full name of contributor out-of-state PAC (ID# [.])	Т	Amount of Contribution (\$)	
	11/19/2024	McMahon, Robert	//			\$99.00
		Contributor address; City; State; Zip Code		·		
		Victoria, TX 77904-1655				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		South Texas Eye Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	11/03/2024	Memon, Imran Adam				\$99.00
		Contributor address; City; State; Zip Code		"		
L		Fort Worth, TX 76104-3029				
		pation / Job title (See Instructions)	Employer (See Instruction			
L	Physician		Tarrant Nephrology Ass	SOC	ates	
Γ						
1						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/59 Rpt: 46/85	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	cal Association Political Action Committee		00015658	- ,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/22/2024	Menard, Ralph G.	ļ		\$99.00
	6 Contributor address; City; State; Zip Code		1	
		ļ		
		ļ		
	Fredericksburg, TX 78624-5795			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		South Texas Physician	Group	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/15/2024	Michael, Christopher B.			\$99.00
	Contributor address; City; State; Zip Code	1	1	
		ļ		
		ļ		
	Dallas, TX 75206-5202			
	upation / Job title (See Instructions)	Employer (See Instructions	,	
Physician		Texas Neurosurgery LLI	P	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/10/2024	Miller Castaneda, Patricia Kathleen			\$100.00
	Contributor address; City; State; Zip Code		1	
		ļ		
	San Antonio, TX 78258-7701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physician		South Texas Dermatopa		
		· · · · ·		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀሳሳ ባበ
11/11/2024	Mohr, Thomas James			\$99.00
	Contributor address; City; State; Zip Code	ļ		
		ļ		
	Spring, TX 77382-5746	ļ		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician			» iversity College of Osteopathi	
-	Full name of contributor Out-of-state PAC (ID#:			
Date 11/17/2024	Full name of contributor out-of-state PAC (ID#: Monday, Kimberly E.)	Amount of Contribution (\$)	\$208.34
11/1/2027				Φ 200. 0-1
	Contributor address; City; State; Zip Code	ļ		
	Houston, TX 77005-3318			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician		UTMSH - Dept of Neuro		
· · · , ·				

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 36/59 Rpt: 47/85	
2 F	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		cal Association Political Action Committee			00015658	
4 [Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
1	11/21/2024	Moore, John Marshall	,			\$99.00
	1	6 Contributor address; City; State; Zip Code		1		
	I		,			
	I		,			
		Dallas, TX 75252-4623				
		ipation / Job title (See Instructions)	9 Employer (See Instructions			
F	Physician		North Texas Ear Nose &	& TI	hroat, PA	
[Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
1	11/22/2024	Morgan, Emily A.	,			\$55.00
	I	Contributor address; City; State; Zip Code		•		
	I		1			
	I		1			
	I	Houston, TX 77005-2330	,			
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
F	Practice Mar	nager	Meredith V. Morgan, M.I	.D.	P.A.	
[Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/29/2024				,	\$1,875.00
		Contributor address; City; State; Zip Code				
	I		1			
	I		,			
	I	Schulenburg, TX 78956-2314				
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician	· · · · ·	TMF Health Quality Insti		e	
	Date	Full name of contributor Out-of-state PAC (ID#:_		Τ	Amount of Contribution (\$)	
	11/06/2024	Moy, Diane F.	/ I			\$55.00
		-				Ψ.Ο
	I	Contributor address; City; State; Zip Code	1			
	I		,			
	I	Houston, TX 77005-2712	1			
F F	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ر)</u>		
	Business Ov		Business Owner	5)		
				—	the state of the s	
	Date	Full name of contributor out-of-state PAC (ID#:) !		Amount of Contribution (\$)	* 4 Ω75 ΩΩ
⁻	10/29/2024	Myers, John David	!			\$1,875.00
	I	Contributor address; City; State; Zip Code	,			
	I		1			
	I	Tample TV 76502 7040	,			
ŀ,	= 1 in al agai	Temple, TX 76502-7940		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Baylor Scott & White He	ean	h-Central Lexas	
4						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 37/59 Rpt: 48/85	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/07/2024	Nair, Sanjeev Unnikrishnan			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76132-4461			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/19/2024	Newton, Thomas R.			\$99.00
			•	-
	Spring, TX 77389-3532			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		UT Physicians - Colon a	,	
-			-	
Date)	Amount of Contribution (\$)	ቀሳሳ ሰሰ
11/22/2024	Neyman, Sherry L.			\$99.00
	Contributor address; City; State; Zip Code			
	Austin TV 707/6 2122			
Dringingloggy	Austin, TX 78746-3123	Employer (Cool potruction	->	
	upation / Job title (See Instructions)	Employer (See Instructions Renaissance Women's	,	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/29/2024	Nguyen, Vinh Q.			\$300.00
	Contributor address; City; State; Zip Code]	
	Houston, TX 77030-4000			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		MD Anderson Cancer C	Center	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/17/2024	Norrell, Stacy L.			\$83.34
	Contributor address; City; State; Zip Code		1	
	Magnolia, TX 77355-1836			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)	
Physician		UTMSH - Dept of Anest	thesiology	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 38/59 Rpt: 49/85 FILER NAME Filer ID (Ethics Commission Filers) 2 3 00015658 Texas Medical Association Political Action Committee out-of-state PAC (ID#: 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) 11/07/2024 North Preston Family Practice Clinic, PA \$300.00 6 Contributor address; City; State; Zip Code Dallas, TX 75244-4350 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/29/2024 North Texas Endocrine Center, PA \$99.00 Contributor address; City; State; Zip Code Dallas, TX 75231-4412 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 11/05/2024 Northeast Texas Oncologic and Reconstructive Surgery, PA \$99.00 Contributor address; City; State; Zip Code Mount Pleasant, TX 75455-2313 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/29/2024 \$55.00 Norton, Miki Lusk Contributor address; City; State; Zip Code Houston, TX 77019-3420 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner Business Owner** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/05/2024 \$99.00 Nyland, Chad A. Contributor address; City; State; Zip Code Dallas, TX 75206-6510 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Office of Steven M Pounders, MD

	The Instru	ction Guide explains how to o	complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/59 Rpt: 50/85	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		cal Association Political Action Con	nmittee			00015658	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/29/2024	Palmer, Bruce Lee					\$1,875.00
	ļ	6 Contributor address; City; State; Z	Zip Code		1		
	ļ						
		Wichita Falls, TX 76310-5122					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Physician			Wichita Heart & Vascula		Center, PLLC	
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	—	Amount of Contribution (\$)	
	11/22/2024	Pandya, Pulin K.		/			\$99.00
	11/22/2024				-		Φ99.00
		Contributor address; City; State; Z	Zip Code				
	ļ						
		Spring, TX 77379-9103					
\vdash	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u>ال</u> ۱		
	Physician	padon, coo ano (coo mensione),		North Houston Urology,		4	
╞	Date	Full name of contributor			—	Amount of Contribution (\$)	
	Dale 11/21/2024	Pappolla, Miguel A.	out-of-state PAC (ID#:)			\$20.00
					-		Ψ20.00
	ļ	Contributor address; City; State; Z	Zip Code				
	ļ						
		Houston, TX 77230-1191					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			St. Michael's Pain and S	Spir	ne Clinics	
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/29/2024	Parker, J. Timothy					\$1,875.00
		Contributor address; City; State; Z	Zip Code		1		
	ļ						
		Denison, TX 75020-7245					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			TexomaCare			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/28/2024	Parker, Thornwell Hay					\$99.00
	1	Contributor address; City; State; Z	Zip Code		1		
	ł						
	ł						
	· · · · · · · · · · · · · · · · · · ·	Dallas, TX 75252-4909					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician			Self Employed			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 40/59 Rpt: 51/85
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	00015658
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
	\$8.35
6 Contributor address; City; State; Zip Code	
Dallas, TX 75219-4301 8 Principal occupation / Job title (See Instructions) 9 Employer (S	
Principal occupation / Job title (See Instructions) 9 Employer (S Physician Self	See Instructions)
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,875.00
Contributor address; City; State; Zip Code	φ1,015.00
Contributor address; City, State, Zip Code	
Houston, TX 77056-3317	
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Physician Houston E	ar, Nose, Throat & Allergy Clinic
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
11/17/2024 Pearse, Lee Ann	\$208.34
Contributor address; City; State; Zip Code	
Dellas TV 75244 7702	
Dallas, TX 75244-7703 Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
	Cardiologists of N TX
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)
10/31/2024 Pedraza, Cande) Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78414-2799	
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Business Owner Business O	Dwner
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/26/2024 Pfeiffer, M. Leslie	\$99.00
Contributor address; City; State; Zip Code	
Dallas, TX 75218-1749	
	See Instructions) nan Eye Center, PA
Develoion Kov Whitm	
Physician Key Whitm	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 41/59 Rpt: 52/85	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/12/2024	Picard, Sarah E.			\$99.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78704-4508	-		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		UT Austin Dell Pediatric	s Residency	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/06/2024	Pidala, Mark J.			\$99.00
	Contributor address; City; State; Zip Code	1	1	
	Houston, TX 77041-6022	1 <u> </u>		
	pation / Job title (See Instructions)	Employer (See Instructions		
Physician		UT Physicians - Colon a		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/30/2024	Pierce, Torri-Ja'Net T.	!		\$99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77007-3047			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Elite Women's Care Cer		
_				
Date 11/17/2024	Full name of contributor out-of-state PAC (ID#: Poindexter, David P.)	Amount of Contribution (\$)	\$25.00
11/1//2024				φ <u>2</u> 0.00
	Contributor address; City; State; Zip Code			
	Humble, TX 77347-0876			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician	,	David P. Poindexter, ME	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/18/2024	Prabhu, Sujit S.	,		\$500.00
	Contributor address; City; State; Zip Code			V UU
	Houston, TX 77025-1935			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		MD Anderson Cancer C	Center	
		1		

L						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/59 Rpt: 53/85	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Medic	cal Association Political Action Committee			00015658	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/06/2024	Pritchard, Marcia A.				\$99.00
	I	6 Contributor address; City; State; Zip Code				
	I					
	I					
		Dallas, TX 75214-3528				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/30/2024	Rafath I. Qurasishi MD PA				\$99.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		McAllen, TX 78504-5925				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/29/2024	Rao, Vivek U.				\$1,875.00
		Contributor address; City; State; Zip Code				
	I					
	I					
		Odessa, TX 79765-8947				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	11/15/2024	Rashid, Shahid				\$49.50
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		McAllen, TX 78504-2215				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Physician		South Texas Clinic For I	Paiı	n Management, PA	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/29/2024	Reades, Rosalyn N.				\$99.00
	I	Contributor address; City; State; Zip Code		1		
	l					
	I					
		Dallas, TX 75208-3357				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Emergency Medicine Co	ons	ultants, Ltd.	
			<u> </u>			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
	-		Sch: 43/59 Rpt: 54/85
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/28/2024	Reagor, Angelique		\$55.00
	6 Contributor address; City; State; Zip Code		
Dringinglocci	Dallas, TX 75244-6929 upation / Job title (See Instructions)	9 Employer (See Instructions)	
Business Ov		Business Owner)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/07/2024			\$300.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75244-6929		
Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Business Ov		Business Owner)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/21/2024	Reed, Rhett A.		\$99.00
	Contributor address; City; State; Zip Code		
	Austin TV 70720 7535		
Dringing occu	Austin, TX 78739-7535	Employer (See Instructions)	<u> </u>
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions) US Acute Care Solutions	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/01/2024	Reuter, Maribel		\$25.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77030-3118		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Business Ov		Business Owner)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/18/2024	Reyes, Robert Raymond		\$99.00
	Contributor address; City; State; Zip Code		
	Waller, TX 77484-1806		
Principal occu		Employer (See Instructions)	
Phincipal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions) Self Employed)
FllySiciali			

L							
	The Instrue	ction Guide explains how to complete	this for	rm.	1	Total pages Schedule A1: Sch: 44/59 Rpt: 55/85	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		al Association Political Action Committee			-	00015658	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	10/29/2024	Robles, Paige					\$99.00
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78701-1672					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Sr. Administr	rative Coordinator		Texas Medical Associat	ion		
F	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	11/13/2024	Sachdev, Manju					\$99.00
		Contributor address; City; State; Zip Code					
		Victoria, TX 77904-3373					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician			Self Employed			
F	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	11/22/2024	San Martin, Jose Eduardo					\$99.00
		Contributor address; City; State; Zip Code					
		Spring, TX 77389-4890					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician			Self Employed			
F	Date	Full name of contributor 🛛 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	11/01/2024	Sanchez, Eduardo J.					\$99.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75214-5604					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician			American Heart Associa	tio	n National Center	
F	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	11/21/2024	Santos, George D.	· _				\$1,000.00
		Contributor address; City; State; Zip Code					-
		Bellaire, TX 77401-4432					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician			Greater Houston Psychi		c Associates, PLLC	
\vdash			I				

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 45/59 Rpt: 56/85	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	- cal Association Political Action Committee		00015658	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/17/2024			\$9	99.00
	6 Contributor address; City; State; Zip Code		1	
		ļ		
		ļ		
2 Detectional accu	Houston, TX 77030		<u> </u>	
	upation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	\$)	
Physician	·		·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	- 0
11/18/2024			\$9	99.00
	Contributor address; City; State; Zip Code			
		ļ		
	Lauston TV 77050 217/	ļ		
Dringinal occu	Houston, TX 77059-3174	Employer (See Instructions		
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Greater Houston Kidney		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/07/2024			ა.	00.00
	Contributor address; City; State; Zip Code	ļ		
		ļ		
	Fort Worth, TX 76132-4579	ļ		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> د)	
Business Ov		Business Owner	<i>')</i>	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/15/2024	Schermerhorn, James Edward	/		19.50
111101202.	Contributor address; City; State; Zip Code		+ -	9.00
	Contributor dudress, City, State, Zip Code			
	Dallas, TX 75238-1560			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Ι δ)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/22/2024			.,	99.00
	Contributor address; City; State; Zip Code			
	Grapevine, TX 76099-0878			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Self Employed		
		-		

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 46/59 Rpt: 57/85
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/18/2024	Sepdham, Dan		\$99.
	6 Contributor address; City; State; Zip Code		1
	Flower Mound, TX 75028-7646		
• Drincinal occi	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Physician		UT Southwestern Medic	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/07/2024			\$300.
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)
Physician		Texas Urology Specialis	·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/29/2024		/	\$1,875
	Contributor address; City; State; Zip Code		•
	San Antonio, TX 78217-3400		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician		University Medical Asso	ciates
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/21/2024			\$99.
	Contributor address; City; State; Zip Code		•
	Dallas, TX 75214-3130		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician		Trinity Anesthesia PLLC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/07/2024	Singh, Ankita		\$99.
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76123		
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		Cook Children's Hospita	al
		•	
1			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 47/59 Rpt: 58/85
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/29/2024	Smith, Larry L.		\$100.00
	6 Contributor address; City; State; Zip Code		
	Longview, TX 75605-7479		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;
Physician	,	Self Employed	,
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of Contribution (\$)
11/15/2024	Soldano, Lydia Patterson	/	\$55.00
	Contributor address; City; State; Zip Code		÷
	Austin, TX 78703-1735		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
2016-17 TM/	AA Resource Liaison	Business Owner	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/18/2024	Solis, Joel L.		\$99.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504-2230		
-	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Physician		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/19/2024	Spurbeck, William W.		\$99.00
	Contributor address; City; State; Zip Code		
	El Paso, TX 79922-1051		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Physician		Self Employed	7
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of Contribution (\$)
11/21/2024	Full name of contributor out-of-state PAC (ID#: Stahr, Stephen George		\$99.00
11/ <i>21</i> /202.	Contributor address; City; State; Zip Code		+00.00
	Continuation address, City, State, Zip Code		
	New Braunfels, TX 78130-0170		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L 3)
Physician		Self Employed	
		1	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 48/59 Rpt: 59/85
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/04/2024	Stamatis, Stephen P.		\$99.00
	6 Contributor address; City; State; Zip Code		1
	Weatherford, TX 76088-7221		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		Weatherford OB/GYN A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/21/2024	Stein, Ned B.		\$99.00
	Contributor address; City; State; Zip Code]
	Hauston TV 77074 1016		
Drincinal occu	Houston, TX 77074-1816	Employor (Soo Instructions	
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Memorial Urology Const	
			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/07/2024	Stewart, Angelene M.		\$99.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76132-3061		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		McCart Medical Associa	ates
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/29/2024	Strate, Susan M.		\$1,875.00
	Contributor address; City; State; Zip Code		1
	Wichita Falls, TX 76308-4722	i	
	ipation / Job title (See Instructions)	Employer (See Instructions	,
Physician		North Texas Medical La	lboratory
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/03/2024	Strickman, Neil E.		\$99.00
	Contributor address; City; State; Zip Code]
	Missouri City, TX 77459-0548		
Bringinal occu		Employor (See Instructions	
Phincipal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Hall-Garcia Cardiology	
Thysician			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 49/59 Rpt: 60/85	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	al Association Political Action Committee		00015658	1010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/15/2024	Strobel, Gennell DeAn			\$16.50
	6 Contributor address; City; State; Zip Code		1	
	Sherman, TX 75090-5000			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		G. Dean Strobel, MD PA	Α	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/06/2024	Sutker, William Levin			\$99.00
	Contributor address; City; State; Zip Code			
	- · ·			
	Dallas, TX 75287-7416			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/28/2024	Swanson, Susan L.			\$99.00
ŀ	Contributor address; City; State; Zip Code		•	
	Dallas, TX 75248-1641			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician	,	Fagadau, Hawk, & Swar	nson, LLP	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/31/2024	Terk, Jason V.			\$99.00
ŀ	Contributor address; City; State; Zip Code			
	Keller, TX 76248-1517			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Cook Children's Physicia	ans Network	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	The Center for Family Medicine, Wellness & Aes	sthetics, P.A.		\$99.00
ŀ	Contributor address; City; State; Zip Code			
	Webster, TX 77598-4960			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>β</u>	
		<u> </u>		

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 50/59 Rpt: 61/85	
2	FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Texas Medic	cal Association Political Action Committee		00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	11/15/2024	Thompson, Cathy Jeane			\$55.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78746-1916	1		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
	Business Ov		Business Owner		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/15/2024				\$33.00
		Contributor address; City; State; Zip Code			
		Beaumont, TX 77701			
	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Physician		Baptist Hospitals of Sour		
	-	Full name of contributor Out-of-state PAC (ID#:			
	Date 11/02/2024	Full name of contributor out-of-state PAC (ID#: Tolentino, Elvira P.)	Amount of Contribution (\$)	\$99.00
	11/02/2024				φ99.00
		Contributor address; City; State; Zip Code			
		Wichita Falls, TX 76309-1012			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
	Physician		Clinics of North Texas, I	nc.	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/01/2024	Torkildsen, William H.		4	\$200.00
		Contributor address; City; State; Zip Code			
		Fayetteville, TX 78940-5624	1		
	•	upation / Job title (See Instructions)	Employer (See Instructions		
	Physician		Port Isabel Health Clinic		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	11/25/2024	Toronjo, Walter David			\$99.00
		Contributor address; City; State; Zip Code			
		Luptoville TV 77242 1422			
	Dringinal again	Huntsville, TX 77342-1432			
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	;)	
	FliySician				

	The Instru	iction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 51/59 Rpt: 62/85	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		cal Association Political Action Committee		ľ_	00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/22/2024	Trang, Diane Ngan Huynh	1			\$99.00
		6 Contributor address; City; State; Zip Code		1		
			!			l
			!			
Ļ		Corpus Christi, TX 78401-3554		Ĺ		
	•	upation / Job title (See Instructions)	9 Employer (See Instructions) Nueces County Medical		reminare Office	l
	Physician					
	Date)		Amount of Contribution (\$)	
	11/01/2024					\$300.00
		Contributor address; City; State; Zip Code	1			
			1			l
		Eagle Pass, TX 78852-3044	1			
\vdash	Drincinal OCCL	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		Hector R. Trevino MDPA			l
	_			<u>т</u>	Amount of Contribution (\$)	
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#: Trizna, Kathleen B.			Amount of Contribution (\$)	\$55.00
1	11/19/2024		!	-		400.00
		Contributor address; City; State; Zip Code	1			
			1			
		Austin, TX 78733-3447				
		upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)		
	Business Ov	wner	Business Owner			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/29/2024	Troutman, Ashley	1			\$55.00
		Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
			1			
			1			
		Lubbock, TX 79423-0897	<u> </u>			
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	2019 County		Business Owner	_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/29/2024	Turnquest, Dexter G.	!			\$3,750.00
		Contributor address; City; State; Zip Code	!			
			!			
		The Woodlands, TX 77380-2996				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ل</u> (ک		
	Physician		Turnquest Surgical Solu		ns	
\vdash				~ -		

					·	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/59 Rpt: 63/85	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		cal Association Political Action Committee			00015658	
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/29/2024	Tyroch, Roxanne Marie				\$1,875.00
		6 Contributor address; City; State; Zip Code				
		El Paso, TX 79912-6303	a Freedower (Case Instruction)			
	Principal occu Physician	ipation / Job title (See Instructions)	9 Employer (See Instructions Intellimedicine PA	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/15/2024	Uchoa, Denise P.				\$99.00
		Contributor address; City; State; Zip Code				
	Detersional appr	SAN ANTONIO, TX 78258-3240	Employer (Cas Instruction)			
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* ~~ ~~
	11/05/2024	Urschel, Harold Clifton				\$99.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219-4603				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Enterhealth LLC			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/07/2024	VEJAYAN, PRIYA				\$55.00
		Contributor address; City; State; Zip Code	Ţ			
		Fort Worth, TX 76132-4444				
<u> </u>	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) ۲		
	Business Ov		Business Owner	5) 		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	11/13/2024	Valley Ear Nose & Throat Specialists, PA				\$99.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501-2959				
<u> </u>	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
				<i></i>		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 53/59 Rpt: 64/85 FILER NAME Filer ID (Ethics Commission Filers) 2 3 **Texas Medical Association Political Action Committee** 00015658 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/13/2024 Valley Ear Nose & Throat Specialists, PA \$99.00 6 Contributor address; City; State; Zip Code McAllen, TX 78501-2959 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$99.00 11/13/2024 Valley Ear Nose & Throat Specialists, PA Contributor address; City; State; Zip Code McAllen, TX 78501-2959 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/21/2024 \$99.00 Vance, Awais Zafar Contributor address; City; State; Zip Code Temple, TX 76502-5452 Principal occupation / Job title (See Instructions) Employer (See Instructions) Baylor Scott & White Health-Central Texas Physician Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 11/13/2024 \$99.00 Veggeberg, Lisa Edelmon Contributor address; City; State; Zip Code Amarillo, TX 79121-1813 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/18/2024 \$99.00 Vela, Rene Contributor address; City; State; Zip Code Pharr, TX 78577-6743 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Employed

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/59 Rpt: 65/85	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Medical Association Political Action Committee				00015658	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/02/2024	Verret, Daniel Joseph				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Allen, TX 75013-3075		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician		Self Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/17/2024	Villarreal, E. Linda				\$208.34
		Contributor address; City; State; Zip Code				
		Edisburg TV 705/1 /651				
\vdash	Dringingl oppu	Edinburg, TX 78541-4651	Employer (See Instructions	<u> </u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
	-			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±20.00
	11/01/2024	Voelter, William Wayne				\$99.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79605-4808				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> :)		
	Physician		Abilene Dermatology &		in Surgery Center. PC	
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/25/2024	Vossoughi, Faranak)		Amount of Contribution (\$)	\$99.00
	11/20/2024	-				ψ33.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77450-5253				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Physician		Katy Hand & General St	urg	ery, P.A.	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/03/2024	Walk, Daniel B.	/		Amount of Continuation (+)	\$99.00
	12,00,202	Contributor address; City; State; Zip Code				++
		Austin, TX 78746-6332				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Physician		Self Employed			
⊢	-					

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/59 Rpt: 66/85	
2	FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
		cal Association Political Action Committee		00015658	0.0)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	11/13/2024	Ward, Frank T.			\$55.00
	I	6 Contributor address; City; State; Zip Code		1	
		Whitehouse, TX 75791-5241			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)	
	Physician		Self Employed	,	
╞	-	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
	Date)	Amount of Contribution (\$)	<u> </u>
	11/13/2024	Ward, Josiah Benjamin			\$99.00
		Contributor address; City; State; Zip Code			
		San Angelo, TX 76904-6887			
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>;)</u>	
	Physician		Shannon Clinic		
F	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)	
	11/13/2024	Warmoth, Taylor Brianne			\$99.00
	11,10,202.				Ψυυ.υς
		Contributor address; City; State; Zip Code			
		Lubbock, TX 79416-5725			
┝	Delectrol coor			<u> </u>	
	-	upation / Job title (See Instructions)	Employer (See Instructions		
L	Physician		Arthritis & Osteoporosis	ASSOC., LLP	
Γ	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	11/15/2024	Watts, Jenelle Simon			\$33.00
	1	Contributor address; City; State; Zip Code		1	
		Plano, TX 75093-3343			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)	
	Physician		Self Employed	7	
	-				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷== 00
	11/13/2024	Wehmeyer, Pat]	\$55.00
		Contributor address; City; State; Zip Code			
		Abilene, TX 79602-6201			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Business Ow	wner	Business Owner		
⊢					

⊢			· · · · · · · · · · · · · · · · · · ·	
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 56/59 Rpt: 67/85
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of Contribution (\$)
	11/06/2024	Weingarten, Jordan S.	,	\$300.00
		6 Contributor address; City; State; Zip Code		
			,	
			,	
		Austin, TX 78716-2725		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	
	Physician		Ascension Medical Grou	up - Seton Pulmonary and Crit
F	Date	Full name of contributor out-of-state PAC (ID#	;)	Amount of Contribution (\$)
	11/22/2024	Weiss, Joshua Lawrence	,	\$99.00
		Contributor address; City; State; Zip Code		
			,	
			,	
		Irving, TX 75063-8457		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Joshua L. Weiss, MD As	ssociated
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
	11/15/2024	Westbrook, Benjamin James	,	\$16.50
		Contributor address; City; State; Zip Code		·
			,	
			,	
		El Paso, TX 79902-5008		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		El Paso Head and Neck	< Surgery
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	10/29/2024	Widmer, Andrew J.	,	\$1,875.00
		Contributor address; City; State; Zip Code		
			,	
			,	
		Belton, TX 76513-8593		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Baylor Scott & White He	ealth-Central Texas
F	Date	Full name of contributor out-of-state PAC (ID#	E)	Amount of Contribution (\$)
	11/18/2024	Wiley, Robert Donald	,	\$99.00
		Contributor address; City; State; Zip Code		1
			,	
			,	
		Abilene, TX 79605-3908		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Pediatric Associates of A	Abilene
[-	

	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 57/59 Rpt: 68/85
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Medic	al Association Political Action Committee		00015658
4	Date 11/11/2024	5 Full name of contributor Out-of-state PAC (ID# Williams, Patrick A.	#:)	7 Amount of Contribution (\$)\$99.00
	11,11,2021	6 Contributor address; City; State; Zip Code		
		New Braunfels, TX 78130-3553		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Physician		Tricounty Urology	
	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	11/17/2024	Williams, Paul Brian		\$25.00
		Contributor address; City; State; Zip Code		
		Longview, TX 75605-7706	- F	
		pation / Job title (See Instructions)	Employer (See Instructions	,
	Physician		Texas Urology Specialis	sts - Longview
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	11/25/2024	Willingham, David Ryan		\$99.00
		Contributor address; City; State; Zip Code		
		Georgetown, TX 78626-7639		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Self Employed	
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	10/29/2024	Wilson, Barbara J.		\$3,750.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77005-2652		
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ls)
	Physician		Wilson Hand Surgery, F	
	-			1
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	10/30/2024	Wilson, Todd D.		\$99.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77019-2649		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
L	Physician		Self Employed	

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 58/59 Rpt: 69/85	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		cal Association Political Action Committee		ľ	00015658	TT lieroy
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/07/2024	Wischmeyer, Jason B.				\$99.00
		6 Contributor address; City; State; Zip Code				
		Lubbock, TX 79416-4822				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		<u> </u>
	Physician		Self Employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	10/29/2024	Young, Cindy				\$55.00
		Contributor address; City; State; Zip Code		"		
		Texarkana, TX 75503-3002				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Business Ow	vner	Business Owner			
F	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	11/25/2024	Young, Patty Kay				\$99.00
		Contributor address; City; State; Zip Code				
		Celina, TX 75009-4531	<u>.</u>			
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Premier Plastic Surgery	/ of	Texas	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	10/29/2024	Young, Rodney B.				\$750.00
	I	Contributor address; City; State; Zip Code		"		
		Amarillo, TX 79124-3904	1			
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Texas Tech Univ Family	у Не	alth Center-Cli	
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	11/15/2024	Younis, George A.				\$99.00
	I	Contributor address; City; State; Zip Code		Ί		
		Houston, TX 77056-2014	-i			
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Younis Cardiology Asso	ocia	tes, PLLC	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 59/59 Rpt: 70/85 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Medical Association Political Action Committee 00015658 4 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 7 11/21/2024 \$99.00 Zandomeni, Gabriela M. 6 Contributor address; City; State; Zip Code Rockwall, TX 75032-2098 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Employed Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/01/2024 \$99.00 Zomnir, Jennifer M. Contributor address; City; State; Zip Code Prosper, TX 75078-9136 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Employed

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C3: Sch: 1/2 Rpt: 71/85
 FILER NAME Texas Media Date 10/28/2024 	cal Association Political Action Committee 5 Corporation / Labor Organization name Arthritis Care of Texas	3 Filer ID (Ethics Commission Filers) 00015658 6 6 Amount (\$) 99.00
Date 10/29/2024	Corporation / Labor Organization name Austin Rheumatology and Osteoporosis Associates, LLC	Amount (\$) 99.00
Date	Corporation / Labor Organization name	Amount (\$)
10/28/2024	Corpus Christi Oral & Maxillofacial Surgery	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/05/2024	Crossroads Health Center, PLLC	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/05/2024	Crossroads Health Center, PLLC	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/12/2024	Denton Cardiovascular Consulting, PLLC	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/13/2024	General	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/13/2024	General	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/22/2024	Heliopause Health and Wellness, PLLC	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/06/2024	Joint Pain and Orthopedic Care PLLC	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/13/2024	Monzer H Yazji and Associates, PLLC	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/18/2024	Monzer H Yazji and Associates, PLLC	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/06/2024	Neonatology Consultants of South Texas, P.L.L.C.	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/07/2024	Neonatology Consultants of South Texas, P.L.L.C.	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/06/2024	Ochiltree General Hospital	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/01/2024	Oneruk, Inc.	99.00
Date	Corporation / Labor Organization name	Amount (\$)
11/13/2024	Preferred Hospital Leasing Van Horn, Inc.	99.00
Date	Corporation / Labor Organization name	Amount (\$)
10/28/2024	Regent Cross Medical PLLC	99.00

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages S Sch: 2/2 Rpt		
2	FILER NAME			3 Filer ID (Ethics Commissio			
	Texas Medic	al	Association Political Action Committee		00015658		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	11/05/2024		Women's Center of Beaumont, LLC				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: 73/85		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Texas Medical Association Political Action Committee				00015658		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	11/22/2024		Texas Medical Association			70,404.58	

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 1/10 Rpt: 74/85	Texas Medical Association Political Action Committee 00015658						
4 Date 11/14/2024	5 Payee name Borris Miles						
6 Amount (\$) \$7,500.00	 Payee address; City; State; Zip Code 5302 Almeda Houston, TX 77004 						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Borris Miles, STATE SENATE 13th TX 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
10/29/2024	Brandon Creighton Campaign						
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2257 N. Loop 336, Suite 140-366						
Expenditure from corporate funds	Conroe, TX 77304						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Brandon Creighton, STATE SENATE 4th TX 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
11/19/2024	Bryan Hughes Campaign						
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 450						
Expenditure from corporate funds	Mineola, TX 75773						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bryan Hughes, STATE SENATE 1st TX 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						

1

8

9

Date

Date

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 2/10 Rpt: 75/85 Texas Medical Association Political Action Committee 00015658 5 Payee name 11/19/2024 Carl Tepper for State Representative 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO Box 94534 Expenditure from Lubbock, TX 79493 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Carl Tepper, STATE HOUSE 84th TX Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11/21/2024 Carol Alvarado Campaign Amount (\$) Payee address; City; State; Zip Code \$5,000.00 PO Box 230842 Expenditure from Houston, TX 77223 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Carol Alvarado, STATE SENATE 6th TX Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11/19/2024 **Charles Perry Campaign** Amount (\$) Payee address: City: State; Zip Code \$3,000.00 4216 102nd Street Expenditure from corporate funds Lubbock, TX 79423 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charles Perry, STATE SENATE 28th TX Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

Fees

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

11/21/2024

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

\$250.00

corporate funds

Amount (\$)

Sch: 3/10 Rpt: 76/85

1

6

8

9

Date

11/20/2024

Amount (\$)

Expenditure from

OF

EXPENDITURE

corporate funds PURPOSE

4 Date

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Total pages Schedule F1: 2 FILER NAME

\$1,000.00

5

7

Payee name

Payee address;

2901 Canal St

Payee name

Payee address;

P.O. Box 167

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Christina Morales Campaign City; State; Zip Code Houston, TX 77003 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Christina Morales, STATE HOUSE 145th TX Candidate/Officeholder name Office sought Office held Cole Hefner Campaign City; State; Zip Code Mount Pleasant, TX 75456 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Office helder/Delitical

	Candidate/Officeholder/Political Comr	nittee		Cole Hefner, STATE HOUSE 5th TX
Complete ONLY if direct expenditure to benefit C/OI		Office soug	ght	Office held
Date	Payee name			
11/21/2024	Denise Villalobos Campaign			
Amount (\$)	Payee address; City; State	e; Zip Coo	de	
\$250.00	10330 Kingsbury Dr			
Expenditure from corporate funds	Corpus Christi, TX 78410			
PURPOSE OF	(a) Category (See Categories listed at the top of this sc	chedule)	(b)	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Comr	mittee		Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officenoider/Political Comr	nillee		Denise Villalobos, STATE HOUSE 34th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office soug	ght	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers
Sch: 4/10 Rpt: 77/85	Texas Medical Association Political Action Committee	00015658
Date	5 Payee name	
11/21/2024	Don McLaughlin for State Representative District 80	
Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	1005 Congress Avenue Ste 400	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
		lin, STATE HOUSE 80th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought DH	Office held
Date	Payee name	
11/19/2024	Donna Campbell Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	P.O. Box 171021	
Expenditure from corporate funds	San Antonio, TX 78217	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
		pell, STATE SENATE 25th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought DH	Office held
Date	Payee name	
11/19/2024	Dustin Burrows Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 6170	
Expenditure from corporate funds	Lubbock, TX 79493	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
		rx, officeholder living expense s, STATE HOUSE 83rd TX
		-, <u></u>
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 5/10 Rpt: 78/85	Texas Medical Association Political Action Committee 00015658					
4 Date	5 Payee name					
11/19/2024	Erin Gamez Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$250.00	777 E Harrison St					
Expenditure from corporate funds	Brownsville, TX 78520					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
-	Candidate/Officeholder/Political Committee					
Erin Gamez, STATE HOUSE 38th TX						
Complete ONUX # -Bas 1	Condidate/Officeholder name					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/06/2024	Greg Abbott Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,500.00	P.O. Box 308					
φ2,300.00	F.O. B0X 300					
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	Candidate/Officeholder/Political Committee					
	Greg Abbott, GOVERNOR TX					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	4					
Date	Payee name					
11/18/2024	Greg Abbott Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$5,000.00	P.O. Box 308					
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	Greg Abbott, GOVERNOR TX					
Complete ONU V if direct	Candidata/Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Endef Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 6/10 Rpt: 79/85	Texas Medical Association Political Action Committee	00015658			
4	Date	Payee name				
	11/18/2024	Greg Abbott Campaign				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$5,000.00	P.O. Box 308				
	Expenditure from corporate funds	Austin, TX 78767				
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense GOVERNOR TX			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/06/2024	Joan Huffman for Texas Senate				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10,000.00	P.O. Box 41964				
	Expenditure from corporate funds	Houston, TX 77241				
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense I, STATE SENATE 17th TX			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/21/2024	Jose Menendez Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5,000.00	P.O. Box 761780				
	Expenditure from corporate funds	San Antonio, TX 78245				
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense ez, STATE SENATE 26th TX			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 7/10 Rpt: 80/85	Texas Medical Association Political Action Committee 00015658				
4 Date 10/30/2024	5 Payee name Kevin Sparks Campaign				
6 Amount (\$) \$2,500.00	 Payee address; City; State; Zip Code 2600 Mockingbird Ln. 				
Expenditure from corporate funds	Midland, TX 79705				
•					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Kevin Sparks, STATE SENATE 31st TX 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/20/2024	Linda For Texas				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	1908 Haddock Drive				
Expenditure from corporate funds	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Linda Garcia, STATE HOUSE 107th TX 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/19/2024	Pat Curry Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	204 Woodhew Dr.				
Expenditure from corporate funds	Waco, TX 76712				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pat Curry, STATE HOUSE 56th TX 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

Event Expense

Food/Beverage Expense

City;

Fees

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

11/07/2024

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONIL V if direct

corporate funds

6 Amount (\$)

Sch: 8/10 Rpt: 81/85

1

8

۱۵

4 Date

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Total pages Schedule F1: 2 FILER NAME

\$2,079.22

5

7

Payee name

Queralt, Lisa P.

3704 Black Canyon Rd

Fort Worth, TX 76109-3244

Candidate/Officeholder name

Payee address;

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Polling Expense Travel in District Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense Check if Austin, TX, officeholder living expense reimbursement for party of medicine Office sought Office held

expenditure to benefit C/O	H
Date	Payee name
11/19/2024	Richard Raymond Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 450349
Expenditure from corporate funds	Laredo, TX 78045
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Richard Raymond, STATE HOUSE 42nd TX
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/06/2024	Ryan Guillen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	P.O. Box 430172
Expenditure from corporate funds	Laredo, TX 78043-0172
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Ryan Guillen, STATE HOUSE 31st TX
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 9/10 Rpt: 82/85	Texas Medical Association Political Action Committee 00015658						
4 Date 11/13/2024	5 Payee name Sarah Eckhardt for State Senate						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,000.00	P.O. Box 301586						
Expenditure from corporate funds	Austin, TX 78703						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
	Sarah Eckhardt, STATE SENATE 14th TX						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
11/19/2024	Sarah Eckhardt for State Senate						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,000.00	P.O. Box 301586						
Expenditure from corporate funds	Austin, TX 78703						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sarah Eckhardt, STATE SENATE 14th TX 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
11/06/2024	Texans for Dan Patrick						
Amount (\$)	Payee address; City; State; Zip Code						
\$40,000.00	P.O. Box 685085						
Expenditure from corporate funds	Austin, TX 78768						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Dan Patrick, LT. GOVERNOR TX						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense al Committee Food/Beverage Expense Begal Services Food/Beverage Expense Food/Beverage Expense Legal Services Food/Beverage Expense Food/Beverage Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				t/Reimbursement I/Rental Expense e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAM						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 10/10 Rpt: 83/85				on Political Act	ion Com	nmit	tee	-	00015658	·	ŕ
4	Date	5	Payee name	9								
	11/14/2024		Texas Mec									
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de					
	\$1,739.73		401 W. 15t	h Street								
	Expenditure from corporate funds		Austin, TX	78701								
8	PURPOSE	(a)	Category /	See Categories listor	l at the top of this sche	edule)	(b)	Description				
	OF	Ľ		ons/Donations		auto)	. ,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE				Political Commi	ittee		Check if Austin	, тх,	officeholder livin	g expense	
			e di la la dato,	0				Dan Patrick	- L1	L. GOVERN	IOR/ InKind fo	r
								Fundraising E	Ехр	ense		
								0				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	e 0	ffice sou	ght			Office h	eld	
	Date		Payee name									
	11/06/2024			er Campaign								
			Touu Hunt									
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$5,000.00		445 Cape	Henry								
	Expenditure from corporate funds		Corpus Ch	risti, TX 7841	2							
	PURPOSE	(2)	-				(b)	Description				
	OF	[^(a)			l at the top of this sche	edule)	(u)	Description	outoi	do of Toyloo, Con	nplete Schedule T.	
	EXPENDITURE			ns/Donations							•	
			Candidate	Officeholder/H	Political Commi	ttee				officeholder livin		
								Todd Hunter,	SI	ATE HOUS	SE 32nd TX	
	Complete ONLY if direct	. (Candidate/Of	ficeholder name	e 0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					•					

EXPENDITURE	ES MADE BY C	REDIT CARD)	SCHEDULE F4		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve y - Gift/Awards al Committee Legal Serv	rage Expense Pr s/Memorials Expense Pr	oan Repayment/Reimbursement Office Overhead/Rental Expense frinting Expense alaries/Wages/Contract Labor	plicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)		
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)		
Sch: 1/1 Rpt: 84/85		ociation Political Action	n Committee	00015658		
4 CREDIT CARD ISSUER		ncial institution Montreal	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
Expenditure from corporate funds	\$1,739.73	11/14/2024				
7 PAYEE	(a) Payee name The Morton's Steak	house	(b) Payee address; City, State, Zip Code 1001 McKinney St Ste A4 Houston, TX 77002			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	se			
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder Patrick, Dan	Office held				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.						ages Schedule K: /1 Rpt: 85/85
2	FILER NAME			3 F	-iler ID	(Ethics Commission Filers)
	Texas Medic	al .	Association Political Action Committee		00015	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	11/18/2024		Sarah Eckhardt for State Senate			\$1,000.00
		6	Address of person from whom amount is received; City; State; Zip Code			
			Austin, TX 78703			
		7	Purpose for which amount is received X Check if p	olitica	al conti	ibution returned to filer
			previously issued check for political contribution had expired before it was d	depos	sited	