

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015658	2 Total pages filed: 85				
3 COMMITTEE NAME Texas Medical Association Political Action Committee			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 12/05/2024				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. Austin, TX 78701		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Clayton	MI MI	Receipt # Amount			
	NICKNAME	LAST Stewart	SUFFIX	Date Processed			
				Date Imaged			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street Austin, TX 78701						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street Austin, TX 78701						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	370-1365					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input checked="" type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	10/26/2024				11/25/2024		

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 16.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 143,678.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 117,808.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 228,410.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Clayton Stewart

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 3 of 85

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

MONTHLY FILING GPAC REPORT: PURPOSE

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 6 of 85

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 7 of 85

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

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 8 of 85

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

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 9 of 85

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 10 of 85

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 71,393.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,881.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 70,404.58
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 116,068.95
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,739.73
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/59 Rpt: 12/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acebo, Francisco Antonio	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6342	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) WellMed @ Six Points
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkins, Linda Swan	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77056-2226	
Principal occupation / Job title (See Instructions) TMAA President 2012-13		Employer (See Instructions) Texas Medical Association Alliance
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Admire, Jane Farrar	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75214-2921	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Ear Nose & Throat, PA
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Advanced OBGYN Associates, PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Richardson, TX 75082-3565	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akundi, Aruna	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Presbyterian Denton

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/59 Rpt: 13/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Azar, Maurice <hr/> 6 Contributor address; City; State; Zip Code Cleburne, TX 76033-6967	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Alazar Medical Group, PLLC
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Saiyeda <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-4212	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Matthew A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4530	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Pulmonary Consultants - North
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) August, Anissa G. <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234-4696	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) August Pediatrics PA
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Sara G. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4735	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Seton Brain and Spine Institute - Neurology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/59 Rpt: 14/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babaian, Naira Spartak <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-3574	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Michael L. <hr/> Contributor address; City; State; Zip Code Aurora, TX 76078-4610	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bajwa, Kulvinder S. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-3079	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Physicians Bariatric Surgery
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard, Ann L. <hr/> Contributor address; City; State; Zip Code Austin, TX 78734-3436	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) TMAA President 1990-91		Employer (See Instructions) Business Owner
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Hollie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4510	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/59 Rpt: 16/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Clayton <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78552-0134	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehm, Teresa E. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-3207	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Westlake Emergency Physicians
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, James H. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-2155	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boudreaux, Craig S. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-2981	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) SHSU Physicians
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Camille <hr/> Contributor address; City; State; Zip Code Houston, TX 77075	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/59 Rpt: 17/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brain & Spine Clinic, PA	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-4050	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, Deborah E.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-4107	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Seton Brain and Spine Institute - Neurology
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brionez, Tamar F.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Spring, TX 77389-4890	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Advanced Rheumatology of Houston
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockie, Robert Edwin	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2814	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Heart & Vascular Specialists
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodeur, Michael N.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6440	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CHRISTUS Health Texas A&M University School of Med

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/59 Rpt: 18/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brylowski, Andrew	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Irving, TX 75039-3044		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bundrant, Bradley	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Ballinger, TX 76821-4124		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bradley Bundrant, MD, PA
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burk, Linda Lorine	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75220-3917		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Eye & Ear
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Allen W.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77025-1211		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calmes, James Michael	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Wilson, TX 79381-2340		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arthritis & Osteoporosis Assoc., LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/59 Rpt: 19/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannan, Susan <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601-5123	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Big Country County Medical Society
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-3735	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, David Edmund <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-6208	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Cardiovascular Surgery
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, David John <hr/> Contributor address; City; State; Zip Code Midland, TX 79701-5846	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesia Medical Group of the Permian Basin, LLP
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carsner, Jennifer <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-2212	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/59 Rpt: 20/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casanova, Mark A.	7 Amount of Contribution (\$) \$750.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75218-1826	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor Scott & White Health
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandraprakasam, Satish	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4444	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, LeeChuan Andy	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546-3746	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology - Sugar Land
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chike-Obi, Chuma J.	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code Austin, TX 78704-2038	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Office of Dr. Chuma J. Chike-Obi
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Tilden L.	Amount of Contribution (\$) \$1,875.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-1032	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/59 Rpt: 21/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Laurence <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717-3821	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Laurence Chu, MD PA
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cione, Dean Anthony <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Troy Thomas <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75901-7746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ADRA Medical Imaging, PA
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Constantine, Fadi C. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1504	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/59 Rpt: 22/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Paul A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Ringgold, TX 76261-5282		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor Scott & White HealthTexas Provider Network
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke, Shannon Eugene	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Abilene, TX 79601-3033		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Orthopedic Surgery
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpuz, Goddy T.	Amount of Contribution (\$) \$187.50
Contributor address; City; State; Zip Code Round Rock, TX 78665-1245		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Clinic-Cedar Park
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortese, Jack Locardi	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1222		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Nephrology Network
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortinas, Diana	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code McAllen, TX 78504-9558		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/59 Rpt: 23/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Baldemar	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6341		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baldemar Covarrubias, MD PA
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crane, Curtis Nathan	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code West Lake Hills, TX 78746-5285		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Crane Center
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damore, Stuart	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Leander, TX 78641-4262		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Clinic-Cedar Park
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darkhabani, Elizabeth Ann	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6361		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darryl Dewitt Colliins MD PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Portland, TX 78374-2913		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/59 Rpt: 24/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darwich, Sophia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-2331	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey-Ranasinghe, Nicole Lee <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119-6692	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, George M. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384-1553	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) George M. Davis, MD
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dayawansa, Dhammie <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-5771	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denduluri, Ramarao M. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5340	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Houston Urology, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/59 Rpt: 25/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denson, Paula Lajeau <hr/> 6 Contributor address; City; State; Zip Code Woodville, TX 75979-0729	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doss, Sharon <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5710	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossett, Lucy McCauley <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262-0619	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edling, Jason Eric <hr/> Contributor address; City; State; Zip Code Plano, TX 75025-3715	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Feki, Amro <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-4182	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Clear Lake Brain and Spine Institute

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/59 Rpt: 27/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fakhoury, Ibrahim Sami	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Abilene, TX 79602-8159		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farley, Phuong-Khanh Jessica	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Rockwall, TX 75087-0178		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fayle, Robert W.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77004-5964		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Neurological Institute
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenyas, David Anthony	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Southlake, TX 76092-6362		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Ivan	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Coppell, TX 75019-2021		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/59 Rpt: 28/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagin, Brody Alan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75238-1842	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor Scott & White Orthopedic Associates of Dall
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanders, Douglas R. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701-3549	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Health Science Center At Tyler
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Michael Carter <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757-2997	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Specialty Eyecare of Tyler
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Michael L. <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3418	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pulmonary Medicine Consultants, PA
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredrickson, Mark Allan <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-1350	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Midland Memorial Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/59 Rpt: 29/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. Anthanasi Orfanos	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garges, Kim J.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Friendswood, TX 77546-4180		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) NASA Spine Institute
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gasper, Stephen G.	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Carrollton, TX 75010-4901		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Linda	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Temple, TX 76502-3052		
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Temple ISD
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Sunny J.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76110-2614		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Care, P.L.L.C

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/59 Rpt: 31/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granchi, Thomas S. <hr/> 6 Contributor address; City; State; Zip Code Seabrook, TX 77586-3723	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) HCA Houston Healthcare Clear Lake
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Casey B. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-0927	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Connections Wellness Group
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Mary K. <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654-7853	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mary Kelly Green, M.D., PLLC
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Laura Gay <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4322	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Maternal Fetal Medicine Cons of Dallas
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, T. David <hr/> Contributor address; City; State; Zip Code Henrietta, TX 76365-3226	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) T. David Greer MD and Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/59 Rpt: 32/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruen, Robin <hr/> 6 Contributor address; City; State; Zip Code Lampasas, TX 76550-7440	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Family Medicine Clinic
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Angela M. <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-3343	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kelsey-Seybold Clinic
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guirl, Jennifer <hr/> Contributor address; City; State; Zip Code Shavano Park, TX 78230-5635	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Pamela Ann <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-9091	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Jackson D. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-4302	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Anderson Cancer Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/59 Rpt: 33/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanissian, Talynn A. <hr/> 6 Contributor address; City; State; Zip Code Stafford, TX 77497-0487	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Hanissian Pediatrics
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Kathleen Weindorff <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-8293	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diagnostic Clinic of Longview
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haug, Yvonne Kay <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-7500	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid Texas Health Care Assn, PA
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffernan, Jennifer Delia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5221	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White HouseCalls & Transitional Car
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heil, Thomas Luke <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-1905	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Physician Partners of America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/59 Rpt: 35/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712-7565	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holub, Michael Charles <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002-7428	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesia Partners of Dallas
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Maria C. <hr/> Contributor address; City; State; Zip Code Key Biscayne, FL 33149-1826	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4492	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh, Tran Cassandra <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3621	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health-Central Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/59 Rpt: 36/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iannaccone, Susan Theresa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-2458	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Southwestern Medical Center
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Indeyeva, Yula Alexandria <hr/> Contributor address; City; State; Zip Code Austin, TX 78730-1464	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-7753	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobco Varon, M.D., P.A Plasric & Reconstructive SurgeryHand Surgery <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Tammy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2634	Amount of Contribution (\$) \$648.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/59 Rpt: 37/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rebecca O.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-0749	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CHRISTUS Trinity Clinic - Dehaven Eye Clinic, PA
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jumper, Cynthia Ann	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Lubbock, TX 79424-5001	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaden, Andreas	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6048	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Alex A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75287-7409	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kannan, Rajesh P.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78405-1804	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Nueces County Medical Examiners Office

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/59 Rpt: 38/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Matthew G.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098-5314	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Methodist Institute for Reconstructive Sur
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Shane W.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76123-1893	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dialysis Associates - Texas Kidney Consultants
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Numan A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77006-5494	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Youris Cardiology Associates
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Tonya	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Granbury, TX 76048	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khetan, Rainer Anil	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Dallas, TX 75205-1905	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Preferred Health Partners - Junius

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/59 Rpt: 40/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krohn, Kyle Gregory	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Lufkin, TX 75904-5380		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kronberg, Sharon	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Austin, TX 78733-2116		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Jeffery Keith	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75205-2926		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Kurtis Ray	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Victoria, TX 77904-3300		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiovascular Associates of Victoria
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumpati, Ganesh S.	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-4917		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acclaim Physician Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/59 Rpt: 41/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lackan, Darren W. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4595	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Diabetes & Thyroid Center of Fort Worth
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langley, Lynn Contributor address; City; State; Zip Code Austin, TX 78704-4630	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laxminarayan, Amarnath Contributor address; City; State; Zip Code Carrollton, TX 75010-2314	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leedy, Liesel Elizabeth Contributor address; City; State; Zip Code Lufkin, TX 75904-4253	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeson, Ben Albert Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christus Spohn Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/59 Rpt: 42/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeson, Kimberly Anne Barnes	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Christus Spohn Health System
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levin, Lorin Michelle	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-7111	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Preston Hollow Pediatrics
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Steven J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77056-3570	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hillcroft Medical Clinic
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lobley, Brenda J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Aledo, TX 76008-1709	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohrey, John Howard	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Aledo, TX 76008-1980	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/59 Rpt: 44/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew J. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-6309	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joshua G. <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501-0021	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masciale, Angelica A. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2731	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Derek A. <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4656	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Pathology Associates, LLP
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDuffie, Chad M. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5439	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear, Nose Throat Associates of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/59 Rpt: 45/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee Medical, PA	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Midland, TX 79704		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee, Liz	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Midland, TX 79704-4035		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinlay, Alex John	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code San Antonio, TX 78261-2300		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Robert	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Victoria, TX 77904-1655		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Eye Center
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Memon, Imran Adam	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76104-3029		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tarrant Nephrology Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/59 Rpt: 46/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menard, Ralph G. <hr/> 6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624-5795	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Physician Group
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Christopher B. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-5202	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Neurosurgery LLP
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller Castaneda, Patricia Kathleen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-7701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Dermatopathology
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohr, Thomas James <hr/> Contributor address; City; State; Zip Code Spring, TX 77382-5746	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sam Houston State University College of Osteopathi
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/59 Rpt: 47/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, John Marshall <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75252-4623	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) North Texas Ear Nose & Throat, PA
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Emily A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2330	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Practice Manager		Employer (See Instructions) Meredith V. Morgan, M.D. P.A.
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moy, Clifford K. <hr/> Contributor address; City; State; Zip Code Schulenburg, TX 78956-2314	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TMF Health Quality Institute
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moy, Diane F. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2712	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, John David <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-7940	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health-Central Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/59 Rpt: 48/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nair, Sanjeev Unnikrishnan <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4461	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Thomas R. <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-3532	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Physicians - Colon and Rectal Clinic
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neyman, Sherry L. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-3123	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Renaissance Women's Group
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Vinh Q. <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-4000	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Anderson Cancer Center
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L. <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Anesthesiology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/59 Rpt: 50/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Bruce Lee <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76310-5122	7 Amount of Contribution (\$) \$1,875.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Wichita Heart & Vascular Center, PLLC
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pandya, Pulin K. <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-9103	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Houston Urology, PA
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappolla, Miguel A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77230-1191	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. Michael's Pain and Spine Clinics
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, J. Timothy <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-7245	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TexomaCare
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Thornwell Hay <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-4909	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/59 Rpt: 51/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Amit <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-4301	7 Amount of Contribution (\$) \$8.35
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patt, Bradford S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3317	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Ear, Nose, Throat & Allergy Clinic
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7703	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Cardiologists of N TX
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedraza, Cande <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-2799	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfeiffer, M. Leslie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1749	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Key Whitman Eye Center, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/59 Rpt: 52/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picard, Sarah E.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78704-4508	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Austin Dell Pediatrics Residency
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pidala, Mark J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77041-6022	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Physicians - Colon and Rectal Clinic
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Torri-Ja'Net T.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77007-3047	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Elite Women's Care Center
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Humble, TX 77347-0876	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prabhu, Sujit S.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77025-1935	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Anderson Cancer Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/59 Rpt: 53/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pritchard, Marcia A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Dallas, TX 75214-3528		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafath I. Qurasishi MD PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code McAllen, TX 78504-5925		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Self Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Vivek U.	Amount of Contribution (\$) \$1,875.00
Contributor address; City; State; Zip Code Odessa, TX 79765-8947		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Self Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashid, Shahid	Amount of Contribution (\$) \$49.50
Contributor address; City; State; Zip Code McAllen, TX 78504-2215		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		South Texas Clinic For Pain Management, PA
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reades, Rosalyn N.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75208-3357		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Emergency Medicine Consultants, Ltd.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/59 Rpt: 55/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robles, Paige <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-1672	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Sr. Administrative Coordinator		9 Employer (See Instructions) Texas Medical Association
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sachdev, Manju <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-3373	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Martin, Jose Eduardo <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-4890	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Eduardo J. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-5604	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) American Heart Association National Center
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, George D. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4432	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Greater Houston Psychiatric Associates, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/59 Rpt: 56/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarami, Iman <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarker, Aziza Fatema <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-3174	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Greater Houston Kidney Specialists
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Daniel <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4579	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schermerhorn, James Edward <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238-1560	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Self, Angela D. <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76099-0878	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/59 Rpt: 57/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sepdham, Dan	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-7646		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Southwestern Medical Center
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Parth	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialist- Fort Worth Clearfork
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, John Milton	Amount of Contribution (\$) \$1,875.00
Contributor address; City; State; Zip Code San Antonio, TX 78217-3400		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University Medical Associates
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shiraz, Aaron Yambor	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75214-3130		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Trinity Anesthesia PLLC
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Ankita	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76123		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/59 Rpt: 58/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Larry L.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Longview, TX 75605-7479	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soldano, Lydia Patterson	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Austin, TX 78703-1735	
Principal occupation / Job title (See Instructions) 2016-17 TMAA Resource Liaison		Employer (See Instructions) Business Owner
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Joel L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code McAllen, TX 78504-2230	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurbeck, William W.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code El Paso, TX 79922-1051	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stahr, Stephen George	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130-0170	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/59 Rpt: 59/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatis, Stephen P.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Weatherford, TX 76088-7221		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Weatherford OB/GYN Associates
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Ned B.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77074-1816		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Urology Consultants
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Angelene M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76132-3061		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) McCart Medical Associates
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strate, Susan M.	Amount of Contribution (\$) \$1,875.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4722		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Medical Laboratory
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickman, Neil E.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-0548		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hall-Garcia Cardiology Associates At Baylor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/59 Rpt: 60/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strobel, Gennell DeAn	7 Amount of Contribution (\$) \$16.50
6 Contributor address; City; State; Zip Code Sherman, TX 75090-5000		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) G. Dean Strobel, MD PA
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutker, William Levin	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75287-7416		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Susan L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75248-1641		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fagadau, Hawk, & Swanson, LLP
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terk, Jason V.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Keller, TX 76248-1517		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Physicians Network
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Center for Family Medicine, Wellness & Aesthetics, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Webster, TX 77598-4960		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/59 Rpt: 61/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Cathy Jeane <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-1916	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B. <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Hospitals of Southeast Texas
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tolentino, Elvira P. <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76309-1012	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Clinics of North Texas, Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torkildsen, William H. <hr/> Contributor address; City; State; Zip Code Fayetteville, TX 78940-5624	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Port Isabel Health Clinic
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toronjo, Walter David <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77342-1432	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/59 Rpt: 62/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trang, Diane Ngan Huynh	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401-3554		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Nueces County Medical Examiners Office
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Hector R.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Eagle Pass, TX 78852-3044		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hector R. Trevino MDPA
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trizna, Kathleen B.	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Austin, TX 78733-3447		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troutman, Ashley	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Lubbock, TX 79423-0897		
Principal occupation / Job title (See Instructions) 2019 County President		Employer (See Instructions) Business Owner
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnquest, Dexter G.	Amount of Contribution (\$) \$3,750.00
Contributor address; City; State; Zip Code The Woodlands, TX 77380-2996		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Turnquest Surgical Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/59 Rpt: 63/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyroch, Roxanne Marie	7 Amount of Contribution (\$) \$1,875.00
6 Contributor address; City; State; Zip Code El Paso, TX 79912-6303		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Intellimedicine PA
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uchoa, Denise P.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78258-3240		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urschel, Harold Clifton	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75219-4603		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Enterhealth LLC
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VEJAYAN, PRIYA	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Fort Worth, TX 76132-4444		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Ear Nose & Throat Specialists, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code McAllen, TX 78501-2959		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/59 Rpt: 65/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verret, Daniel Joseph <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013-3075	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, E. Linda <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541-4651	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelter, William Wayne <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-4808	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abilene Dermatology & Skin Surgery Center, PC
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vossoughi, Faranak <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-5253	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Katy Hand & General Surgery, P.A.
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Daniel B. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6332	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/59 Rpt: 66/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Frank T.	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Whitehouse, TX 75791-5241		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Josiah Benjamin	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code San Angelo, TX 76904-6887		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shannon Clinic
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warmoth, Taylor Brianne	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Lubbock, TX 79416-5725		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arthritis & Osteoporosis Assoc., LLP
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jenelle Simon	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Plano, TX 75093-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wehmeyer, Pat	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Abilene, TX 79602-6201		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/59 Rpt: 69/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wischmeyer, Jason B.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79416-4822	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Cindy	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Texarkana, TX 75503-3002	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Patty Kay	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Celina, TX 75009-4531	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Premier Plastic Surgery of Texas
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Rodney B.	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Amarillo, TX 79124-3904	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ Family Health Center-Cli
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Younis, George A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77056-2014	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Younis Cardiology Associates, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 2/2 Rpt: 72/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/05/2024	5 Corporation / Labor Organization name Women's Center of Beaumont, LLC	6 Amount (\$) 99.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 73/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/22/2024	5 Corporation / Labor Organization name Texas Medical Association	6 Amount (\$) 70,404.58

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 74/85	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 11/14/2024	5 Payee name Borris Miles
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6 Amount (\$) \$7,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5302 Alameda Houston, TX 77004
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Borris Miles, STATE SENATE 13th TX
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/29/2024	Payee name Brandon Creighton Campaign
--------------------	--

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2257 N. Loop 336, Suite 140-366 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brandon Creighton, STATE SENATE 4th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/19/2024	Payee name Bryan Hughes Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 450 Mineola, TX 75773
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bryan Hughes, STATE SENATE 1st TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 75/85	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/19/2024	5 Payee name Carl Tepper for State Representative	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 94534 Lubbock, TX 79493	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Carl Tepper, STATE HOUSE 84th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2024	Payee name Carol Alvarado Campaign	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 230842 Houston, TX 77223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Carol Alvarado, STATE SENATE 6th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name Charles Perry Campaign	
Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4216 102nd Street Lubbock, TX 79423	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charles Perry, STATE SENATE 28th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 76/85	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 11/21/2024	5 Payee name Christina Morales Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2901 Canal St Houston, TX 77003
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christina Morales, STATE HOUSE 145th TX
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2024	Payee name Cole Hefner Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 167 Mount Pleasant, TX 75456
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cole Hefner, STATE HOUSE 5th TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/21/2024	Payee name Denise Villalobos Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10330 Kingsbury Dr Corpus Christi, TX 78410
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Denise Villalobos, STATE HOUSE 34th TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 77/85	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 11/21/2024	5 Payee name Don McLaughlin for State Representative District 80
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1005 Congress Avenue Ste 400 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Don McLaughlin, STATE HOUSE 80th TX
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/19/2024	Payee name Donna Campbell Campaign
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 171021 San Antonio, TX 78217
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donna Campbell, STATE SENATE 25th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/19/2024	Payee name Dustin Burrows Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 6170 Lubbock, TX 79493
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dustin Burrows, STATE HOUSE 83rd TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 78/85	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 11/19/2024	5 Payee name Erin Gamez Campaign
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 777 E Harrison St Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Erin Gamez, STATE HOUSE 38th TX
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/06/2024	Payee name Greg Abbott Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 308 Austin, TX 78767
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greg Abbott, GOVERNOR TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Greg Abbott Campaign
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 308 Austin, TX 78767
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greg Abbott, GOVERNOR TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 79/85	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/18/2024	5 Payee name Greg Abbott Campaign	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 308 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greg Abbott, GOVERNOR TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Joan Huffman for Texas Senate	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 41964 Houston, TX 77241	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Joan Huffman, STATE SENATE 17th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2024	Payee name Jose Menendez Campaign	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 761780 San Antonio, TX 78245	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jose Menendez, STATE SENATE 26th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 80/85	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 10/30/2024	5 Payee name Kevin Sparks Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2600 Mockingbird Ln. 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kevin Sparks, STATE SENATE 31st TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name Linda For Texas	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1908 Haddock Drive Mesquite, TX 75149	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Linda Garcia, STATE HOUSE 107th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name Pat Curry Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 204 Woodhew Dr. 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pat Curry, STATE HOUSE 56th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 81/85	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 11/07/2024	5 Payee name Queralt, Lisa P.
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6 Amount (\$) \$2,079.22 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3704 Black Canyon Rd Fort Worth, TX 76109-3244
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for party of medicine
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/19/2024	Payee name Richard Raymond Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 450349 Laredo, TX 78045
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Richard Raymond, STATE HOUSE 42nd TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/06/2024	Payee name Ryan Guillen Campaign
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Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 430172 Laredo, TX 78043-0172
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ryan Guillen, STATE HOUSE 31st TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 83/85	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 11/14/2024	5 Payee name Texas Medical Assoc
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6 Amount (\$) \$1,739.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 401 W. 15th Street Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dan Patrick - LT. GOVERNOR/ InKind for Fundraising Expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/06/2024	Payee name Todd Hunter Campaign
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 445 Cape Henry Corpus Christi, TX 78412
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Todd Hunter, STATE HOUSE 32nd TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 84/85	2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 CREDIT CARD ISSUER	Name of financial institution Bank of Montreal		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1,739.73	(b) Date of Charge 11/14/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name The Morton's Steakhouse	(b) Payee address; City, State, Zip Code 1001 McKinney St Ste A4 Houston, TX 77002	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Fundraising dinner expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Patrick, Dan	Office sought Lieutenant Governor	Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 85/85
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/18/2024	5 Name of person from whom amount is received Sarah Eckhardt for State Senate	8 Amount (\$) \$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 <input checked="" type="checkbox"/> Check if political contribution returned to filer previously issued check for political contribution had expired before it was deposited		