

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) 00016271 2 Total pages filed: 27 3 COMMITTEE NAME Texas Pharmacy Association PAC OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/06/2025 4 COMMITTEE ADDRESS Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3200 Steck Ave Suite 370 Austin, TX 78757 5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI CEO RoxAnn NICKNAME LAST SUFFIX Dominguez 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757 7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 836-8350 9 REPORT TYPE Monthly 10th day after campaign treasurer termination Dissolution (Attach PAC-DR) 10 MONTHLY REPORT FILING DEADLINE January 5 April 5 July 5 October 5 February 5 May 5 August 5 November 5 March 5 June 5 September 5 December 5 11 PERIOD COVERED Month Day Year 11/26/2024 THROUGH Month Day Year 12/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Pharmacy Association PAC	13 Filer ID (Ethics Commission Filers) 00016271
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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
		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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,195.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,808.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 85,308.55
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.

CEO RoxAnn Dominguez
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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Pharmacy Association PAC		18 Filer ID (Ethics Commission Filers) 00016271
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,545.00
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 checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 50.00
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 5,808.40
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim <hr/> 6 Contributor address; City; State; Zip Code Kingsville, TX 78363-4289	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altmiller, William <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-4872	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antis, Brian <hr/> Contributor address; City; State; Zip Code Robinson, TX 76706-6526	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Kelsey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-2459	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/21 Rpt: 5/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basmadjian, Nareg <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75006-2987	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Brian <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672-5866	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam <hr/> Contributor address; City; State; Zip Code Vernon, TX 76384-3165	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76017-1739	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Tatiana <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-8121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5560	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, LaVonia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-4036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/21 Rpt: 7/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capers, Willie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77014-2646	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers, Robert <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-1140	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-6232	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chasse, Ashley <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-3687	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coy, Carmen <hr/> 6 Contributor address; City; State; Zip Code Fulshear, TX 77441-0608	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruse, Brittney <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-6111	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dam, Vinh <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-2205	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Susan <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-4812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozier, Dawn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7210	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/21 Rpt: 9/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Patricia <hr/> 6 Contributor address; City; State; Zip Code Channelview, TX 77530-4559	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fat-Anthony, William <hr/> Contributor address; City; State; Zip Code Mission, TX 78574-1202	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Ricardo <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-1676	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frasco, Andrew <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-5412	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-5006	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/21 Rpt: 10/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Matthew <hr/> 6 Contributor address; City; State; Zip Code Woodville, TX 75979-6217	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Greg <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-4267	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakam, Amer <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-6668	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Yaneya <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-2040	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Lee Ann <hr/> Contributor address; City; State; Zip Code Detroit, TX 75436-4500	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/21 Rpt: 11/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 11/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Mary <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244-5288	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, W. Carter <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-6648	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobart, Christopher <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-6165	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michael <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586-2822	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icard, David <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301-4109	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/21 Rpt: 12/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irula, Carlos <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098-6025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Alice <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2028	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Stephanie <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-8835	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2646	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2646	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/21 Rpt: 13/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamper, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032-5856	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi, Sirisha <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-5985	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76131-2911	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Ji Yeon <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-7835	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-8181	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/21 Rpt: 14/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Larry	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75248-1451	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawani Naylor, Hanifath	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Los Fresnos, TX 78566-7921	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-1466	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Robert	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75228-1943	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Lee	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Andrews, TX 79714-2602	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/21 Rpt: 15/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-4529	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcanally, Bruce <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3211	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448-2536	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millican, Jamie	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76108-6988	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moussallie, George	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Edgewood, WA 98371-1408	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murhammer, Payal	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-3793	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nair, Mini	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78249-3890	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christine	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Little Elm, TX 75068-2958	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/21 Rpt: 17/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Notturmo-Strong, Debra	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Tuscola, TX 79562-3435	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwosu, Tochi	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Richmond, TX 77469-5725	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Krista	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Kingwood, TX 77339-3744	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ouellette, Craig	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Wellington, TX 79095-5031	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stephanie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Borger, TX 79008-3282	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/21 Rpt: 18/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Chantelle	7 Amount of Contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code Fresno, TX 77545-2318		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paruszewski, Kevin	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Spring, TX 77379-7815		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Tho	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Grand Prairie, TX 75054-6846		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Scott	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77019-2002		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/21 Rpt: 19/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay	7 Amount of Contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code Prague, OK 74864-1501		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Said, Sara	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Richardson, TX 75081-4985		
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraj, Nada	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77094-1441		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kimberly	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613-5300		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, David	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Rockwall, TX 75087-2404		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/21 Rpt: 20/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seagroves, Steven <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77316-2470	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Kelly <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-8408	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeeler, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-3065	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stallings, Amanda <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4458	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbot, Sandra <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-4009	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/21 Rpt: 21/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78204-2178	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-2358	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tong, James <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052-3635	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Hang <hr/> Contributor address; City; State; Zip Code Austin, TX 78726-1936	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valencia, Rebeka <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251-4349	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/21 Rpt: 22/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogler, Hayden	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79121-1025		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Julie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Bentonville, AR 72713-3181		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Charlotte	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Tyler, TX 75710-1411		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Loynecia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Manvel, TX 77578-3285		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Abilene, TX 79605-6667		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Courtney <hr/> 6 Contributor address; City; State; Zip Code Bullard, TX 75757-8239	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Annie <hr/> Contributor address; City; State; Zip Code Houston, TX 77039-4120	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Britney <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-5554	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Abigail <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-1403	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, Min <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-0117	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/21 Rpt: 24/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaheer, Mohammad <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-7912	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: Sch: 1/1 Rpt: 25/27	
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271	
4 Date 11/30/2024	5 Corporation / Labor Organization name Texas Pharmacy Association	7 Amount of contribution(\$) \$1,600.00	8 In-kind contribution description Administrative services
	6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78757		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 26/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/20/2024	5 Corporation / Labor Organization name Kegans Inc	6 Amount (\$) 50.00

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: 1/1 Rpt: 27/27	2 FILER NAME Texas Pharmacy Association PAC	3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/06/2024	5 Payee name Elect Adam Hinojosa Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 18301 Corpus Christi, TX 78480	
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 Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2024	Payee name Reynolds and Franke, PC	
Amount (\$) \$1,400.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6836 Austin Center Blvd Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name Texas Pharmacy Association	
Amount (\$) \$3,408.40 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3200 Steck Ave, Suite 370 Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 food and beverages at PAC fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held