FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086025 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Physicians For Patients PAC Date Received **ELECTRONICALLY FILED** 01/10/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 204 Gateway N Date Hand-delivered or Date Postmarked Ste A Change of Address MarbleFalls, TX 78654 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Patricia NAME NICKNAME LAST **SUFFIX** Aronin M.D. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1201 Havre Lafitte Dr STREET **ADDRESS** (Residence or Business) Austin, TX 78746 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 204 Gateway North Ste. A MAILING **ADDRESS** Marble Falls, TX 78654 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 203-0950 **PHONE** REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Day Day Year Month Year Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Physicians For F	atients PAC		00086025	
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Greg Abbott Governor		
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M	I D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	12,288.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	30,140.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	15,603.33
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
3 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Patricia A Signature of Ca	ronin M.D.	iror
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Car	inpaign rieasu	ii ei
Sworn to and subscribed	hefore me, by the said	ál.	his the	dov
		, the which, witness my hand and seal of office.	uic	day
<u> </u>	_, 20, to certary v	which, whileso my hand and sear of office.		

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Physicians For P	atients PAC			00086025	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Dan Patrick Lieutenant Governo	or	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Lois Kolkhorst State Senator		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Charles Perry State Senator		
		applicable, classify by party.)				

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							1 ago 1 01 20
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Physicians For P	atients PAC				00086025	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Robert Nichols State Sen	nator		
	COMMITTEE	1. Candidates	A. Supported				
	ACTIVITY	(Identify by name or, if applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Nicole Collier State Repre	esentati	ve	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Ann Johnson State Repre	esentati	ve	
		•					

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						1 age 2 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Physicians For P	atients PAC			00086025	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Dustin Burrows State Represen	tative	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if				
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Dr. Charles Schwertner State Schwertner	enator	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Dr. Greg Bonnen State Represe	entative	

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						1 age 0 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Physicians For P	atients PAC			00086025	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Dr. Sulemon Lelani State Repre	sentative	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY		A. Supported			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Dr. Tom Oliverson State Repres	sentative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Angelia Orr State Representativ	е	

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Physicians For F	Patients PAC			00086025	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Tony Tinderholt State Represer	ntative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Dr. Donna Campbell State Sena	ator	
	applicable, classify by party.)				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		8 of 28
17 COMMITTEE NAME Texas Physicians For Patients PAC	18 Filer ID 00086025	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,288.67
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR ORGANIZATION	LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COR LABOR ORGANIZATION	RPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR	RORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LA ORGANIZATION	ABOR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	JTIONS	\$ 30,140.67
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTR	IBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRI	IBUTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	IONS RETURNED	\$

	MONEI	ARY POLITICAL C	CONTRIBUTIO)NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 9/28	
2	FILER NAME Texas Physi	cians For Patients PAC			3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 08/29/2024	Full name of contributor Adkins M.D., Alyssa (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$103.48
		Andrews, TX 79714					
8	Principal occu physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/13/2024	Full name of contributor Alvarez M.D., Alexander (Contributor address; City; St	······		•	Amount of Contribution (\$)	\$200.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 12/11/2024	Full name of contributor Atkisson M.D., Debra (Dr. Contributor address; City; St	·)		Amount of Contribution (\$)	\$250.00
	Principal occu	Weatherford, TX 76087 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	psychiatrist						
	Date 08/28/2024	Full name of contributor Chapman M.D., Amy (Dr.) Contributor address; City; St Austin, TX 78753)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/10/2024	Full name of contributor Chapman M.D., Amy (Dr.) Contributor address; City; St Austin, TX 78753)	•	Amount of Contribution (\$)	\$300.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 10/28	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 07/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$103.48
_	Deinsinal assu	Shenandoah, TX 77384	- Faralous (Coo Instructions			
8	physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#: Davis M.D., George (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$103.48
		Shenandoah, TX 77384				
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID#: Davis M.D., George (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$103.48
		Shenandoah, TX 77384				
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#: Davis M.D., George (Dr.) Contributor address; City; State; Zip Code Shenandoah, TX 77384			Amount of Contribution (\$)	\$103.48
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#: Davis M.D., George (Dr.) Contributor address; City; State; Zip Code Shenandoah, TX 77384			Amount of Contribution (\$)	\$103.48
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 11/28	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	on Filers)
4	Date 12/08/2024	 5 Full name of contributor out-of-state PAC (ID: Davis M.D., George (Dr.) 6 Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$103.48
Q	Dringinal occu	Shenandoah, TX 77384 pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
0	physician	pation / Job title (See Instructions)	e Employer (See Instructions	·)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID: Elterman M.D., Kelly (Dr.) Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$200.00
	5	San Antonio, TX 78255	1 - 1 - 2 - 1 - 1	<u></u>		
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 12/19/2024	Full name of contributor out-of-state PAC (ID: Graham M.D., Loyce (Dr.) Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$500.00
		Jarrell, TX 76537-4002				
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID: Green M.D., Mary Kelly (Dr.) Contributor address; City; State; Zip Code Marble Falls, TX 78654-7853	#:)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID: Green M.D., Robert P (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78230	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 12/28	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 08/22/2024	 Full name of contributor out-of-state PAC (ID#:_ Gregory M.D., Janet (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$250.00
•	Dringing aggr	Spring, TX 77389	Employer (See Instructions	_		
8	physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Linda (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78738 pation / Job title (See Instructions)	Employer (See Instructions			
	retired	odion, sob title (see instructions)	Employer (See instructions	')		
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#:_ Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78732				
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/06/2024	Full name of contributor out-of-state PAC (ID#:_ Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78732			Amount of Contribution (\$)	\$100.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#:_ Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78732			Amount of Contribution (\$)	\$25.00
	Principal occu physician	oation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CO	NTRIBUTION:	5		SCHEDUL	E A1
	The Instru	ction Guide explains how to d	complete this form	ı.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 13/28	
2	FILER NAME Texas Physi	cians For Patients PAC			3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 08/06/2024	 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78732					
8	Principal occu physician	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 09/01/2024	Hines M.D., Lorissa (Dr.) Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu physician	Austin, TX 78732 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/06/2024	Full name of contributor of contributor of contributor divided contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78732 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/01/2024	Full name of contributor on the contributor of contributor on the contributor address; City; State; Zity; Sta				Amount of Contribution (\$)	\$25.00
	Principal occu physician	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/06/2024	Full name of contributor of the contributor of contributor of contributor of contributor address; City; State; Zity; Austin, TX 78732	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu physician	oation / Job title (See Instructions)		Employer (See Instructions)		
			1				

MONETARY POLITICAL CONTRIBUTIONS				E A1		
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 14/28	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 11/01/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78732				
8	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#: Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	physician					
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#: Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78732				
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78732)		Amount of Contribution (\$)	\$100.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Hustak M.D., Kristi (Dr.) Contributor address; City; State; Zip Code Friendswood, TX 77546			Amount of Contribution (\$)	\$250.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	()		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 15/28	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 07/03/2024	 Full name of contributor out-of-state PAC (ID#: Kim M.D., Yoon (Dr.) Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78249				
8	Principal occu physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/09/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$51.99
	Principal occu Psychiatrist	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$51.99
	Principal occu Psychiatrist	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/09/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$51.99
	Principal occu Psychiatrist	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 11/09/2024	Full name of contributor out-of-state PAC (ID#:_King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$51.99
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			'			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 16/28	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 12/09/2024	 Full name of contributor out-of-state PAC (ID#: King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$51.99
_		San Antonio, TX 78209				
8	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#: Knight M.D., Leslie (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78251 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	physician		, , ,			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Kressin M.D., Megan (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78756				
	Principal occu Pathologist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Luu M.D., Lucy (Dr.) Contributor address; City; State; Zip Code Houston, TX 77089)		Amount of Contribution (\$)	\$100.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: McLaughlin M.D., Cathy (Dr.) Contributor address; City; State; Zip Code Georgetown, TX 78723			Amount of Contribution (\$)	\$250.00
	Principal occu Urologist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A				
	The Instruc	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 17/28	
2	FILER NAME	nione For Petiente DAC			3	Filer ID (Ethics Commission	n Filers)
_		cians For Patients PAC				00086025	
4	Date 12/12/2024			7	Amount of Contribution (\$)	\$500.00	
Ω	Principal occu	Austin, TX 78722 pation / Job title (See Instructions)	l _o	Employer (See Instructions	١		
0	physician	pation / Job title (See instructions)	9	Employer (See instructions))		
	Date 12/12/2024	Full name of contributor out on the contributor M.D., Rajasree (Dr.) Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$103.48
		Missouri city, TX 77459					
	Principal occu Endocrinolog	pation / Job title (See Instructions) gist		Employer (See Instructions))		
	Date 12/12/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		Bronx, NY 10467					
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 12/12/2024	Full name of contributor out of contributor out of contributor address; City; State; Zity; State				Amount of Contribution (\$)	\$200.00
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 07/15/2024	Full name of contributor on Olson, jr M.D., Charles (Dr.) Contributor address; City; State; Zith Drummond, OK 74030	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.00
	Principal occu Family physi	pation / Job title (See Instructions) cian		Employer (See Instructions))		

MONETARY POLITICAL CONTRIBUTIONS				E A1		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/14 Rpt: 18/28	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 08/12/2024	 5 Full name of contributor out-of-state PAC (ID#:_Olson, jr M.D., Charles (Dr.) 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$105.00
8	Dringing agg	Drummond, OK 74030	• Employer (See Instructions			
0	Family physi		9 Employer (See Instructions	')		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Olson, jr M.D., Charles (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$105.00
	Principal occu	Drummond, OK 74030 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	Family physi		p.o.yo. (000ou 00.0	,		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Olson, jr M.D., Charles (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$105.00
		Drummond, OK 74030				
	Principal occu Family physi	pation / Job title (See Instructions) cian	Employer (See Instructions)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_Olson, jr M.D., Charles (Dr.) Contributor address; City; State; Zip Code Drummond, OK 74030			Amount of Contribution (\$)	\$105.00
	Principal occu Family physi	pation / Job title (See Instructions) cian	Employer (See Instructions	()		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_Olson, jr M.D., Charles (Dr.) Contributor address; City; State; Zip Code Drummond, OK 74030			Amount of Contribution (\$)	\$105.00
	Principal occu Family physi	pation / Job title (See Instructions) cian	Employer (See Instructions	i)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDUL	LE A1
	The Instru	ction Guide explains how	to complete this for	orm.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 19/28	
2	FILER NAME Texas Physic	icians For Patients PAC			3	Filer ID (Ethics Commission 00086025	on Filers)
4	Date 09/12/2024	5 Full name of contributor out-of-state PAC (ID#:) Pandya M.D., Vrunda (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
_		Boerne, TX 78006			Ĺ		
8	Principal occu Anesthesiolo	pation / Job title (See Instructions) ogist)	9 Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor Rezaee M.D., Ziba (Dr.) Contributor address; City; State Lakeway, TX 78734	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Psychiatrist	ipation / Job title (See Instructions))	Employer (See Instructions	<u> </u> S)	_	
	Date 12/12/2024	Full name of contributor Santarosa M.D., Julianne Contributor address; City; Sta)		Amount of Contribution (\$)	\$500.00
	Delication I access	Dallas, TX 75248			<u> </u>		
	physician	pation / Job title (See Instructions	,	Employer (See Instructions	>) 		
	Date 09/03/2024	Full name of contributor Sheinbein M.D., Courtney Contributor address; City; Sta)		Amount of Contribution (\$)	\$150.00
	Principal occu physician (or	I upation / Job title (See Instructions) ncologist))	Employer (See Instructions	<u>I</u> S)		
	Date 08/28/2024	Full name of contributor Snook M.D., Erica (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu physician	upation / Job title (See Instructions))	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 20/28	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 09/02/2024			7	Amount of Contribution (\$)	\$200.00
_		San Antonio, TX 78232				
8	Principal occu physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Tharp M.D., Katherine (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Waco, TX 76708 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Psychiatrist	sation / Job title (See Instructions)	Employer (See manuchons	')		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Tochterman M.D., Alyssa (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Andrews, TX 79714				
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:_ Tollemache M.D., Julie (Dr.) Contributor address; City; State; Zip Code Austin, TX 78751			Amount of Contribution (\$)	\$103.48
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_ Tollemache M.D., Julie (Dr.) Contributor address; City; State; Zip Code Austin, TX 78751)		Amount of Contribution (\$)	\$103.48
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
		1				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 21/28	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 09/19/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$103.48
_		Austin, TX 78751				
8	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/19/2024	Full name of contributor out-of-state PAC (ID#: Tollemache M.D., Julie (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$103.48
	Dringing! goog	Austin, TX 78751	Employer (See Instructions			
	Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#: Tollemache M.D., Julie (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$103.48
		Austin, TX 78751				
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/19/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$103.48
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHE	DULE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A Sch: 14/14 Rpt: 22/28	
2	FILER NAME Texas Physi	icians For Patients PAC		3	Filer ID (Ethics Comm	ission Filers)
4	Date 12/12/2024	5 Full name of contributor out-of-state PAC (ID#: deMoor M.D., Carrie (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution	(\$) \$200.00
0	Dringing occur	Frisco, TX 75034	9 Employer (See Instructions			
ŏ	physician	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		

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/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILED NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 23/28	Texas Physicians For Patients	s PAC	00086025
4 Date	5 Payee name		•
12/10/2024	Angelia Orr for Texas		
6 Amount (\$) \$1,000.00	7 Payee address; City; PO Box 113	State; Zip Code	
Expenditure from corporate funds	Itasca, TX 76055		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Contributions/Donations Made Candidate/Officeholder/Politic	e By	outside of Texas. Complete Schedule T. n, TX, officeholder living expense onation
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
12/10/2024	Ann Johnson campaign		
Amount (\$)	Payee address; City;	State; Zip Code	
\$1,000.00	PO Box 56386		
Expenditure from corporate funds	Houston, TX 77256		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Contributions/Donations Made Candidate/Officeholder/Politic	e By	outside of Texas. Complete Schedule T. n, TX, officeholder living expense onation
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held
Date 12/10/2024	Payee name Charles Perry campaign		
Amount (\$) \$2,500.00	Payee address; City; P.O. Box 94806	State; Zip Code	
Expenditure from corporate funds	Lubbock, TX 79493		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Contributions/Donations Made Candidate/Officeholder/Politic	e By	outside of Texas. Complete Schedule T. n, TX, officeholder living expense onation
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 Event Expense Fees

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 24/28	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Physicians For Patients PAC00086025
4 Date	5 Payee name
12/10/2024	Donna Campbell
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 171002
Expenditure from	Can Antonia TV 70017
corporate funds	San Antonio, TX 78217
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	campaign donation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Dr. Greg Bonnen campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	Post Office Box 1183
Expenditure from corporate funds	Friendswood, TX 77546
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	campaign donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/10/2024	Dr. Lalani for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 6514
Expenditure from corporate funds	Houston, TX 77265
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	campaign donation
	Campaigh donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 25/28	Texas Physicians For Patients PAC 00086025
4 Date	5 Payee name
12/10/2024	Dustin Burrows for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	10507 Quaker Avenue
	Ste 1
Expenditure from corporate funds	Lubbock, TX 79424
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	campaign donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Lois (Kohlkorst) for Texas campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 2546
Expenditure from corporate funds	Brenham, TX 77834
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	campaign donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Nicole Collier campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	101 S. Jennings
Ψ1,000.00	
Expenditure from	Suite 103C
corporate funds	Ft. Worth, TX 76104
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	campaign donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCHARAGE TO DETICITE C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment		ot listed above)	
Credit Card r dyment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics	Commission Filers)	
Sch: 4/6 Rpt: 26/28	Texas Physicians For Patients PAC 00086025		
4 Date	5 Payee name		
12/31/2024	Paypal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$82.47	2211 North First Street		
Expenditure from corporate funds	San Jose, TX 95131		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Scher	Jule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	paypal fees		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	н		
Date	Payee name		
12/10/2024	Robert Nichols for Senate		
Amount (\$)	Payee address; City; State; Zip Code	-	
\$1,500.00	P.O. Box 2347		
Expenditure from corporate funds	Jacksonville, TX 75766		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee		
	campaign donation		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	H		
Date	Payee name		
12/10/2024	Texans for Dan Patrick		
Amount (\$)	Payee address; City; State; Zip Code		
\$3,000.00	P.O. Box 685085		
40,000.00			
Expenditure from corporate funds	Austin, TX 78768		
•			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule	dulo T	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Sched	Tule 1.	
	campaign donation		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			

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

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

Reimbursement Solicitation/Fundraising Expense
Rental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract Labor.

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orodic odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 27/28	Texas Physicians For Patients PAC 00086025
4 Date	5 Payee name
12/10/2024	Texans for Greg Abbott
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	504 Lavaca St
	Ste 504
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
	campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/10/2024	Texans for Sen Charles Schwertner
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
_/	Candidate/Officeholder/Political Committee
	campaign donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
12/10/2024	Tom Oliverson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1 East Greenway Plaza
	Suite 225
Expenditure from corporate funds	Houston , TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	campaign donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labo		
•	The Instruction Guide explains how to complete this form		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 6/6 Rpt: 28/28	Texas Physicians For Patients PAC	00086025	
4 Date	5 Payee name	•	
12/10/2024	Tony Tinderholt campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	1 '		
\$1,000.00	FO BOX 172713		
Expenditure from	Arlington, TX 76003		
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee Campaign donation		
	Campaigi	rachation	
O Complete ONLY if allow i	Condidate/Officeholder name	Office hald	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held	
Date	Payee name		
12/31/2024	Venmo		
Amount (\$)	Payee address; City; State; Zip Code		
\$58.20	2211 N 1st St		
·			
Expenditure from	Con loss TV 0F121		
corporate funds	San Jose, TX 95131		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	1 1 003	Check if travel outside of Texas. Complete Schedule T.	
	Venmo	Austin, TX, officeholder living expense	
	Verillo		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
- Onponditure to senione ever			