FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 102 00015658 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 01/06/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Clayton NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Stewart CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 W. 15th Street STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th Street MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 370-1365 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Medical Associa	tion Political Action Co	mmittee	0001565	58
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Lacey Hull State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	54.84
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	55,273.32
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	100,698.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	165,262.46
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the nation requir	e accompanying report is red to be reported by me
		Mr. Clayto	on Stewart	
		Signature of Car	npaign Treas	surer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	is the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of of	fficer administering oath

L2 COMMITTEE NAME Texas Medical Association	n Political Action Com	nmittee		13 Filer ID 00015658	(Ethics Commission Filers)
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Erin Zwiener State Re		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Sam Harless State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Daniel Alders State Repres	sentative	
(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.)				

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	ımittee		00015658	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Caroline Fairly State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported	d		
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	<u> </u>		- <u>-</u>	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		d Vince Perez State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	t		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Rep. Stan Gerdes State Repres	sentative	
(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	t		
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	,			

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2 COMMITTEE NAME exas Medical Association	n Political Action Com	nmittee		13 Filer ID 00015658	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. John Bryant State Repr	esentative	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Roland Gutierrez State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. James Talarico State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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12 COMMITTEE NAME Texas Medical Association	Political Action Con	nmittee			13 Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported S	Sen. Angela Pax	ton State Sena		
(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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported F	Rep. Ramon Ro	mero State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported F	Rep. Toni Rose	State Represen	ntative	
(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					

					Page 7 of 102
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Charles Schwertner State	Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Sen. Bryan Hughes State Sena	tor	
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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Juan "Chuy" Hinojosa Stat	te Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	1			

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12 COMMITTEE NAME	Delitical Astron. Occ				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	nmittee			00015658	ı
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Royce W	est State Senator	r	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Senfroni	a Thompson State	e Representati	ve
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Glenn Hegar	Comptroller		
(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					

					Page 9 of 102
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee		00015658	1
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Trey Martinez Fischer Sta	ate Representa	tive
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charlene Ward Johnson State	Representative	9
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lauren Simmons State Repres	sentative	
(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.)				
	applicable, classify by party.)				

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12 COMMITTEE NAME Texas Medical Association	n Political Action Con	nmittee		:	13 Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Jolanda Jones	State Repres	sentative	
(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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Suleman Lalan	i State Repre	esentative	
(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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Nicole Collier S	State Represe	entative	
(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					

					Page 11 01 102
12 COMMITTEE NAME	Delitical Astics Co.			13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Armando Walle State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ana Hernandez State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Armando Martinez State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if				

					Page 12 01 102
12 COMMITTEE NAME	D. 100 . 1 4 . 0 . 0			13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Con	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Harold Dutton State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cassandra Hernandez State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Mihaela Plesa State Repre	esentative	
(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				

					Page 13 01 102
12 COMMITTEE NAME	Political Action Com	mittoo		13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Con	nmittee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Venton Jones State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jessica Gonzalez State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Stan Lambert State Repre	esentative	
(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				

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n Political Action Com	nmittee		13 Filer ID (E 00015658	Ethics Commission Filers)
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Diego Bernal State R	epresentative	
	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.)				
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Drew Darby State Re	presentative	
	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.)				
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Elizabeth "Liz" Campo	os State Representativ	re
	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				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 5. Candidates (Identify by name or, if applicable, classify by party.) 6. Supported B. Opposed 7. A. Supported B. Opposed 8. Opposed 8. Opposed 8. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Drew Darby State Refundation of election and nature of issue.) B. Opposed A. Supported Rep. Drew Darby State Refundation of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Elizabeth "Liz" Camporate of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders A. Supported Rep. Elizabeth "Liz" Camporate of issue.) B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders

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12 COMMITTEE NAME Texas Medical Association	Political Action Con	nmittee	13 Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Adam Hinojosa State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jeff Barry State Representative	e	
(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.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jeff Lowe State Representative	е	
(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			

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12 COMMITTEE NAME Texas Medical Associatio	n Political Action Con	nmittee		13 Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Matt Mo	rgan State Representativ	re	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		agenbuch State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		an Kitzman State Represo	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				

12 COMMITTEE NAME	Delitical Asticus Cour			13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Con	nmittee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Dennis Paul State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
001111777		1			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ken King State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Todd Hunter State Repres	sentative	
(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.)	1			

FORM MPAC ADDENDUM

Page 18 of 102

n Political Action Com	nmittee			13 Filer ID 00015658	(Ethics Commission Filers)
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Chris Tu	rner State Repres	I sentative	
	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.)					
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Nate Sc	hatzline State Rep	presentative	
	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.)					
Candidates (Identify by name or, if applicable, classify by party.)		Aicha Davis	State Representati	ve	
	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					
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. 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Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Rep. Nate Sci. B. Opposed A. Supported Rep. Nate Sci. A. Supported Rep. Nate Sci. A. Supported Rep. Nate Sci. A. Supported A. Supported B. Opposed A. Supported A. Supported B. Opposed A. Supported A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported A. Supported A. Supported B. Opposed A. Supported A. Supported A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported A. Supported B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Nate Schatzline State Reposed Identify by name or, if applicable and location of election and nature of issue.) B. Opposed A. Supported Rep. Nate Schatzline State Reposed Identify by name or, if applicable and location of election and nature of issue.) B. Opposed A. Supported A. Supported Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Identify by name or, if applicable by date and location of election and nature of issue.) B. Opposed 3. Officeholders A. Supported Identify by name or, if applicable by date and location of election and nature of issue.) B. Opposed 3. Officeholders A. Supported Identify by name or, if applicable of election and nature of issue.) B. Opposed	1. 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Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 1. Candidates didentify by name or, if applicable, classify by party.) 2. Measures didentify by name or, if applicable, classify by party.)

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12 COMMITTEE NAME Texas Medical Association	n Political Action Con	nmittee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Dade Phelan State Repres	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Giovanni Capriglione State	e Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Trent Ashby State Repres	entative
(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.)			

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 20 of 102 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 14 COMMITTEE 1. Candidates A. Supported Sen. Robert Nichols State Senator **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

					21 of 102
17 CO	MMITTE	E NAME	18 Filer ID	(Ethic	s Commission Filers)
Tex	kas Me	dical Association Political Action Committee	00015658		·
10 50				т —	
	ME OF S		5	SUBTOTAL AMOUNT	
INA.	VIL OI (Ļ—		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	32,549.74
					02,010.11
				Ţ.	
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				 	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
-				├─	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
		ORGANIZATION		Ľ	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR	 	
J.	Ш	LABOR ORGANIZATION		\$	
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	792.00
				\vdash	
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	21,931.58
		CITO/INIZ/TION		Ь—	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DECANIZATION	\$	
J 0.	Ш	CONEDULE D. I LEBOLD CONTRIBOTIONOT NOW CONTRIBOTION ON LABOR C	orto, iniz, trion	٦	
9.	X	SCHEDULE E: LOANS		\$	0.00
				\vdash	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	100,698.00
				—	
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	Ш				
10	\Box	COLIEDURE FO. DUDOLIACE OF INVESTMENTS FROM BOLITICAL CONTRIBUTIO	NC.		
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	JNS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				\vdash	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
				Ľ.	
15.	\Box	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$	
15.	Ш	TO FILER		٩	
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l					
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	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/59 Rpt: 22/102	
2	FILER NAME Texas Medic	ER NAME xas Medical Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 12/25/2024	5 Full name of contributor Agarwal, Sanjay6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Corpus Christi, TX 78404 pation / Job title (See Instructions		Employer (See Instructions Coastal Bend Retina, P			
	Date 12/20/2024	Full name of contributor Ahuero, Audrey E. Contributor address; City; S Houston, TX 77027-4018				Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instruction:		Employer (See Instructions Ophthalmic Plastic Surg		ns of Texas	
	Date 12/17/2024	Full name of contributor Alan Bassin, M.D., P.A. Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu	Lufkin, TX 75901-6019 pation / Job title (See Instructions	5)	Employer (See Instructions	 - s)		
	Date 12/23/2024	Full name of contributor Albarracin, Cesar A. Contributor address; City; S Dallas, TX 75382-1776	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	5)		
	Date 12/01/2024	Full name of contributor Ali, Farhan Contributor address; City; S Fort Worth, TX 76108-42)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Heart Center of North To		as, P.A.	

	MONEI	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/59 Rpt: 23/102
2	FILER NAME	A A A A A A A A A A A A A A A A A A A		3 Filer ID (Ethics Commission Filers)
		al Association Political Action Committee		00015658
4	Date 12/05/2024	 Full name of contributor out-of-state PAC (ID#: Alicea, Lisa L. Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$99.00
•	Dringing Loggy	Huntsville, TX 77340-7311 pation / Job title (See Instructions)	9 Employer (See Instructions	
0	Physician Physician	pation / Job title (See Instructions)	Huntsville Family Medic	
			<u> </u>	
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#: Alonso, Nicolas J. Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$99.00
		Conroe, TX 77304-2353		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Physician		Huntsville Family Medic	ine
	Date 12/24/2024	Full name of contributor		Amount of Contribution (\$) \$99.00
		Morrison, CO 80465-1516		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Physician		Self Employed	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Anderson, Karin Santoro Contributor address; City; State; Zip Code Dallas, TX 75230-3622		Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions CityDoc Urgent Care	5)
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#: Andrew, John Lee Contributor address; City; State; Zip Code Amarillo, TX 79119-7465)	Amount of Contribution (\$) \$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician	•	High Plains Radiologica	

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/59 Rpt: 24/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 12/17/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$99.00
		Plano, TX 75024-0031					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Renaisssance Plastic S		gery	
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID: Arguello, Adriana Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Dringing age	Kerrville, TX 78028-9535	_	Employer (Coo Instructions	<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Peterson Medical Associations)		es, PLLC	
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID: Arlington Plastic Surgery, PA Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$99.00
		Arlington, TX 76014					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID: Armstrong, Ryan N. Contributor address; City; State; Zip Code Houston, TX 77005-4302				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Endovascular As		ciates	
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID: Aronoff, Stephen L. Contributor address; City; State; Zip Code Fairview, TX 75069-8500)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions SL Aronoff, MD., PLLC	5)		
	, Giolaii			22. 10.1011, 11.D., 1 ELO			

	MONEI	ARY POLITICAL CONTRIBU	JIIOI	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 4/59 Rpt: 25/102	
2	FILER NAME	and Approximation Political Action Committee			3	Filer ID (Ethics Commission	n Filers)
		al Association Political Action Committee			L	00015658	
4	Date 12/25/2024	5 Full name of contributor out-of-state PAC Auerbach, David M.)	7	Amount of Contribution (\$)	\$99.00
		6 Contributor address; City; State; Zip Code					
		Plano, TX 75093-4347					
8		pation / Job title (See Instructions)	9	1 7 (
	Physician			UT Southwestern Medic	al	Center	
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	12/15/2024	Bailey, Michael L.					\$33.00
		Contributor address; City; State; Zip Code			l		
		,					
		Aurora, TX 76078-4610					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) [
	Physician	paner, cos uno (cos menasuone)		Emergency Medicine Co		ultants. Ltd.	
_							
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	#00.00
	12/12/2024	Bakdash, Mohammed Marwan					\$99.00
		Contributor address; City; State; Zip Code					
		Ransom Canyon, TX 79366-2522					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Grace Clinic of Lubbock			
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	11/27/2024	Baradhi, Debbie S.					\$55.00
		Contributor address; City; State; Zip Code					
		Contributor address, City, State, Elp Code					
		Lake Jackson, TX 77566-3758					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Business Ov	,		Business Owner	,		
_					_		
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Benold, Lori					\$55.00
		Contributor address; City; State; Zip Code					
		Addison, TX 75001-4954					
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	5)		
	Business Ov	vner		Business Owner			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/59 Rpt: 26/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/09/2024	 5 Full name of contributor out-of-state PAC (ID#:_Benson Yu Huang, M.D., P.A. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
_	5	Laredo, TX 78041				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Best, Paul Wesley Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Midland, TX 79703-5464				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_Bishop, Clayton Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$16.50
		Harlingen, TX 78552-0134				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Ear Nose & Throat Asso		ates of Corpus Christi	
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_Blackburn, David Lawson Contributor address; City; State; Zip Code Boerne, TX 78006-5933)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Victoria Emergency Ass		ates, LLC	
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_Blanco, Xiomara Porta Contributor address; City; State; Zip Code Weslaco, TX 78596-5610			Amount of Contribution (\$)	\$55.00
	Principal occu Administrativ	pation / Job title (See Instructions) /e	Employer (See Instructions Weslaco Women's Cent			

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 6/59 Rpt: 27/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
8		Houston, TX 77004-5688 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_Bonilla, Monica Contributor address; City; State; Zip Code San Antonio, TX 78231-2257		Self Employed		Amount of Contribution (\$)	\$55.00
	Principal occu Administrativ	pation / Job title (See Instructions)		Employer (See Instructions Bonilla & Cigarroa, PC	<u>l</u> 5)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_Braye, Edward Tildon Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$99.00
	Principal occu	Port Neches, TX 77651-5429 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Physician Physician	, ,		Self Employed			
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_Briese, Beau A. Contributor address; City; State; Zip Code Bellaire, TX 77401-5507)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Methodist Main	<u>l</u> S)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_Brotherton, Dana M. Contributor address; City; State; Zip Code Missouri City, TX 77459-6736)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Fort Bend Oral Surgeon			

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 7/59 Rpt: 28/102	
2	FILER NAME Texas Medic	al Association Political Action Co	ommittee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/03/2024	5 Full name of contributor Buck, Ernest John6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Midland, TX 79707-1452 pation / Job title (See Instructions)	9	Employer (See Instructions Memorial Hosp & Medic		Center-Midland	
	Date 12/09/2024	Full name of contributor Bunata, Sandra Contributor address; City; State; Fort Worth, TX 76109-4720	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	<u> </u> 5)		
	Date 12/02/2024	Full name of contributor Bushan, Naga S. Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Dringing! goog	Lubbock, TX 79423-6747 pation / Job title (See Instructions)		Employer (See Instructions	·,		
	Physician Physician	pation / Job title (See Instructions)		Arthritis & Osteoporosis	-	sociates LLP	
	Date 12/24/2024	Full name of contributor Caplan, Richard E. Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Garden City, ID 83714-4741 pation / Job title (See Instructions)		Employer (See Instructions Houston Methodist Depa		nent of Surgery	
	Date 12/05/2024	Full name of contributor Capper, David P. Contributor address; City; State; Fort Worth, TX 76132-1001	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 8/59 Rpt: 29/102	
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
		al Association Political Action	Committee				00015658	
4	Date 12/17/2024	 5 Full name of contributor Cardenas, Carlos Javier 6 Contributor address; City; S 	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$208.34
		McAllen, TX 78501-3735						
8		pation / Job title (See Instructions	s)	9	Employer (See Instructions			
	Physician				South Texas Gastroente	ero	ogy	
	Date 12/24/2024	Full name of contributor Caroline Cohen P.A. Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$99.00
		Austin, TX 78705						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor Carroll, Marvin Walter Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$99.00
		San Angelo, TX 76904-25	513					
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions	<u> </u>		
	Physician				Self Employed			
	Date 12/15/2024	Full name of contributor Carry, Melissa Moore Contributor address; City; S Dallas, TX 75206-6019	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)		Employer (See Instructions Texas Heart Center, PL			
	Date 11/30/2024	Full name of contributor Carter, Adam C. Contributor address; City; S Dallas, TX 75201-1716	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	(5)		Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 9/59 Rpt: 30/102	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/07/2024	5 Full name of contributorCaskey, Ann6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$55.00
8	Principal occu Business Ow	Lufkin, TX 75901-7771 pation / Job title (See Instructions)	9	Employer (See Instructions Business Owner) ;)		
	Date 12/07/2024	Full name of contributor Caskey, James M. Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>l</u> S)		
	Date 12/18/2024	Full name of contributor Chakilam, Srujana Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$99.00
		Keller, TX 76248-0260			<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Heart Center of North To		as, P.A.	
	Date 12/13/2024	Full name of contributor Chanez, James Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Physician	Garland, TX 75044-7810 pation / Job title (See Instructions))	Employer (See Instructions Medtopia Medical Clinic		DVIP	
	Date 12/15/2024	Full name of contributor Chang, Janice R. Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions U.S. Dermatology Partn		s - Houston Clear Lake	

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 10/59 Rpt: 31/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/24/2024	 5 Full name of contributor out-of-state Charming Pediatrics, P.A. 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00
		Weslaco, TX 78596-6296					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 12/15/2024	Chike-Obi, Chuma J.	PAC (ID#:)		Amount of Contribution (\$)	\$16.50
		Austin, TX 78704-2038					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Office of Dr. Chuma J. C		ke-Obi	
	Date 12/11/2024	Full name of contributor out-of-state Chou, Kimberly Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
		Austin, TX 78717-4981					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Austin Geriatric Speciali			
	Date 12/15/2024	Chu, Laurence	PAC (ID#:)		Amount of Contribution (\$)	\$33.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Laurence Chu, MD PA	()		
	Date 12/17/2024	Full name of contributor out-of-state Chun, Christopher Sung Jin Contributor address; City; State; Zip Code Dallas, TX 75244-7446	PAC (ID#:)		Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Epic Pain and Orthoped			
			1				

	MONET	ARY POLITICAL CONTI	RIBUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this form.	1	1 Total pages Schedule A1: Sch: 11/59 Rpt: 32/102	
2	FILER NAME Texas Medic	al Association Political Action Committe	ee	3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/12/2024	Chunduri, Krishnababu	state PAC (ID#:		7 Amount of Contribution (\$)	\$973.00
8	Principal occu	Colleyville, TX 76034-4801 pation / Job title (See Instructions)	9 Em	nployer (See Instructions)		
	Physician	,		rrant Neurology Consu	ıltants	
	Date 12/03/2024	Full name of contributor out-of-s Clinical Neuroscience Contributor address; City; State; Zip Co	state PAC (ID#:		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75203				
	Principal occu	pation / Job title (See Instructions)	Em	nployer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-s Clinical Neuroscience Contributor address; City; State; Zip Co	state PAC (ID#:		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75203				
	Principal occu	pation / Job title (See Instructions)	En	nployer (See Instructions)		
	Date 12/10/2024	Cloud, Jared S. Contributor address; City; State; Zip Co	state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Arlington, TX 76001-7743 pation / Job title (See Instructions)		nployer (See Instructions) xas Health Resources		
	Date 12/23/2024	Full name of contributor out-of-s Colbert, Gates B. Contributor address; City; State; Zip Co	state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		nployer (See Instructions) dney & Hypertension A	ssociates of Dallas	
			ı			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 12/59 Rpt: 33/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3 Filer ID (Ethics Commission File 00015658	lers)
4	Date 12/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Comfort, Kevin P. 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78259-2369			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions Kevin P. Comfort, MD, F		
	Date 12/21/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Cody Allen Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$99.00
	Dringing! goog	Lubbock, TX 79424-7359	Employer (Coo Instructions		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions Cody A. Cox, MD PA)	
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Sammy Lane Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$99.00
		Amarillo, TX 79119-4997			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Cardiology Center of An		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Cush, John Joseph Contributor address; City; State; Zip Code Dallas, TX 75234-7945		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed		
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_ Cypress Physicians Association Contributor address; City; State; Zip Code Spring, TX 77389-1812)	Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/59 Rpt: 34/102	
2	FILER NAME Texas Medic	NAME Medical Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 12/24/2024	Full name of contributor		7	Amount of Contribution (\$)	\$99.00
_	<u> </u>	Spring, TX 77389-1812		_		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Dangler, Lori A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Dringing aggr	Pearland, TX 77584-9488 upation / Job title (See Instructions)	Employer (See Instructions	·/-		
	Physician Physician	pation / Job title (See Instructions)	MD Anderson Cancer C		er	
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_ Das, Srikant Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Round Rock, TX 78665-5645				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Texas Children's North A		stin	
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_ David R. Miloy, MD PA Contributor address; City; State; Zip Code Kerrville, TX 78028-3547)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, George M. Contributor address; City; State; Zip Code Conroe, TX 77384-1553			Amount of Contribution (\$)	\$33.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions George M. Davis, MD	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/59 Rpt: 35/102	
2	FILER NAME Texas Medic	E Iical Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 12/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$55.00
8	Dringinal occu	Elgin, TX 78621-5519 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Business Ov		Business Owner	,		
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#: Debbie P. Reese, MD PA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Dringing! goog	Midland, TX 79701	Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#: Dhudshia, Neha V. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Plano, TX 75075-3501				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_ Dossett, Lucy McCauley Contributor address; City; State; Zip Code Roanoke, TX 76262-0619)		Amount of Contribution (\$)	\$16.50
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 11/30/2024	Full name of contributor out-of-state PAC (ID#:_ Dreher, Beverly A. Contributor address; City; State; Zip Code League City, TX 77573-3535)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Rose Imaging Specialist		PA	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this form	n.	1	Total pages Schedule A1: Sch: 15/59 Rpt: 36/102		
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)	
4	Date 12/12/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00	
8	Principal occu Physician		Employer (See Instructions Memorial OB-Gyn, PA)			
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#: East Texas Kidney Specialists)		Amount of Contribution (\$)	\$99.00	
	Principal occu	Longview, TX 75601 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#: East Texas Kidney Specialists Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00	
	Principal occu	Longview, TX 75601 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/02/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00	
	Principal occu	Longview, TX 75601 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#: East Texas Kidney Specialists Contributor address; City; State; Zip Code Longview, TX 75601			Amount of Contribution (\$)	\$99.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/59 Rpt: 37/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/02/2024	5 Full name of contributor out-of-state PAC (ID#:_ East Texas Kidney Specialists 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$99.00
_		Longview, TX 75601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Elhady, Dalya N. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Parker, TX 75094-3815				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Texas Pain Physicians)		
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#:_ Emmick, Robert Harold Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		Austin, TX 78704-7957				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Central Peninsula Kenai		rgent Care	
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Endocrine Associates Contributor address; City; State; Zip Code Houston, TX 77004			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_ Escobedo, Diana Contributor address; City; State; Zip Code El Paso, TX 79936-3390			Amount of Contribution (\$)	\$16.50
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Diana Escobedo MD PA			

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 17/59 Rpt: 38/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/16/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Farmers Branch, TX 75234-3777 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Physician Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_ Evans, Carolyn A. Contributor address; City; State; Zip Code Dallas, TX 75287-4911		Dermatology Consultan	ts	Amount of Contribution (\$)	\$16.50
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions North Dallas Pediatric A		oc.	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Evans, Walter Francis Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Dallas, TX 75230-3035 pation / Job title (See Instructions)		Employer (See Instructions Preston Hollow Women	•	loalthearo	
	Date 12/25/2024	Full name of contributor out-of-state PAC (ID#:_Fasullo, Frank J. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	El Lago, TX 77586-6044 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_Fawcett, Michael L. Contributor address; City; State; Zip Code Dallas, TX 75225-6750				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Emergency Medicine Co		sultants, Ltd.	

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 18/59 Rpt: 39/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/19/2024	 Full name of contributor out-of-state PAC (ID#: Fell, William R. Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
		Lubbock, TX 79410-2131					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: Firstenberg, Barry A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Irving, TX 75038-6102			<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Oncology - Grape		ne	
	Date 12/19/2024	Full name of contributor out-of-state PAC (ID#: Fisher, Keith D. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76123-2240					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Flanagan, Cole W. Contributor address; City; State; Zip Code Tyler, TX 75704-3227)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Tyler Obstetrics & Gyne		ogy	
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#: Francisco J. Calica, M.D., PA Contributor address; City; State; Zip Code Beeville, TX 78104-0400				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 19/59 Rpt: 40/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3 Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/18/2024	5 Full name of contributor out-of-state PAC (ID#:_ Fuentes, Francisco 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)	\$99.00
_	Daine in all a second	Bellaire, TX 77401-5608			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions) UTMSH - Dept of Cardio		
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#:_ Furlong, Joseph Brian Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$99.00
		El Paso, TX 79922-1848			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) Doctors Clinic-Texas Cit		
	Date 12/06/2024	Full name of contributor)	Amount of Contribution (\$)	\$99.00
		Austin, TX 78745-6360			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) The Doctor Is At Your Do		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_Gasper, Stephen G. Contributor address; City; State; Zip Code Carrollton, TX 75010-4901		Amount of Contribution (\$)	\$33.00
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions) Self Employed)	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Gastroenterology Practice Associates Contributor address; City; State; Zip Code Arlington, TX 76018-1164		Amount of Contribution (\$)	\$99.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 20/59 Rpt: 41/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/02/2024	 5 Full name of contributor out-of-state PAC (ID#:_Gerla, Laura R. 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
_		Tomball, TX 77375-5337	_				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Magnolia Family Medici			
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Ghafoori, A. Paiman Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Deinainal assu	Austin, TX 78746-1108	_	Franks on (Cas Instructions	<u></u>		
	Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Cancer Institute	5)		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Vanessa C. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$33.00
		Corpus Christi, TX 78414-3013					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Driscoll Children's Urge	′	Care	
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Grady, Jonathan P. Contributor address; City; State; Zip Code Lake Jackson, TX 77566-0369)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u>		
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Gupta, Karan Contributor address; City; State; Zip Code Fort Worth, TX 76104-3915				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Heart Center of North T		as, P.A.	
			<u> </u>				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 21/59 Rpt: 42/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 11/27/2024	 Full name of contributor out-of-state PA H. Christopher Shin, M.D., PA. Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
_		Austin, TX 78759-7394			_		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 11/29/2024	Full name of contributor out-of-state PA Haile, Israel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Fairfield, TX 75840-1419					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 12/11/2024	Full name of contributor out-of-state PA Haley, Robert Ware Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75230-5407					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center	
	Date 12/20/2024	Full name of contributor out-of-state PA Halker, Raj Raghunath Contributor address; City; State; Zip Code Fort Worth, TX 76110-1812)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dialysis Associates - Te		s Kidney Consultants	
	Date 12/23/2024	Full name of contributor out-of-state PA Hamilton, Steven M. Contributor address; City; State; Zip Code Houston, TX 77005-1835				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dr. Steven Hamilton	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 22/59 Rpt: 43/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
0	Dringing con	Beaumont, TX 77706-4616	٦٥	Employer (See Instructions	<u>,,</u>		
8	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Southeast Texas Urolog		Associates, LLP	
	Date 12/01/2024	Full name of contributor	:			Amount of Contribution (\$)	\$99.00
	Principal occu	Waco, TX 76710-1725 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	Physician	pation 7 oob tale (occ mondenous)		Self Employed	,,		
	Date 12/10/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$99.00
		Aledo, TX 76008-2876					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID# Hecker, Stella Tayzon Contributor address; City; State; Zip Code Fort Worth, TX 76109-3218				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Diabetes and Endocrine		ssociates	
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID# Henderson, John Abe Contributor address; City; State; Zip Code Fort Worth, TX 76109-2372	:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Southeast Texas Urolog		Associates, LLP	

	MONEI	ARY POLITICAL CONTRIB		SCHEDUL	E A1		
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 23/59 Rpt: 44/102	
2	FILER NAME	al Association Bullitani Assistan Occasione			3	Filer ID (Ethics Commission	n Filers)
		al Association Political Action Committee				00015658	
4	Date 12/15/2024	 Full name of contributor out-of-state P Hendrix, Joseph Maxwell Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00
•	Dringing Local	Windcrest, TX 78218-2118	ام	Employer (See Instructions			
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed)		
	Date 12/04/2024	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$99.00
		Austin, TX 78737-8902			L		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Inpatient Medicine Phys		uns	
	Date 12/14/2024	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Colleyville, TX 76034-5409					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	()		
	Date 12/16/2024	Full name of contributor out-of-state P Hinojosa, Armando Roberto Contributor address; City; State; Zip Code Laredo, TX 78045-8881	PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 12/17/2024	Full name of contributor out-of-state P Holland, Bradford W. Contributor address; City; State; Zip Code Waco, TX 76712-7565	PAC (ID#:			Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	()		
			•				

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 24/59 Rpt: 45/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/14/2024	 Full name of contributor out-of-state PAC (ID#:_ Hughes, George G. Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$99.00
		Spring, TX 77380-4000	_				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Surgical Dermato		ЭУ	
	Date 12/17/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Lewisville, TX 75067-8242 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Physician	,,		UT Southwestern Medic		Center	
	Date 11/26/2024	Full name of contributor				Amount of Contribution (\$)	\$55.00
		Houston, TX 77082-3150	_				
		pation / Job title (See Instructions) dent 2004-05/Parliamentarian		Employer (See Instructions Business Owner	5)		
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#:_ Humphreys, James Loyd Contributor address; City; State; Zip Code Helotes, TX 78023-4492)		Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Precision Pathology	5)		
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:_ Ingle, Donald C. Contributor address; City; State; Zip Code Arlington, TX 76016-3616				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Family HealthCare Asso		ates	

	MONET	ARY POLITICAL CON	S 		SCHEDUL	E A1	
	The Instru	ction Guide explains how to c	complete this forn	n.	1	Total pages Schedule A1: Sch: 25/59 Rpt: 46/102	
2	FILER NAME Texas Medic	al Association Political Action Com	nmittee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/20/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$99.00
		Houston, TX 77084-7310					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/01/2024	Full name of contributor of loffe, Boris Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu	Fort Worth, TX 76109-4950 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Physician Physician	pation / 300 title (3ee matrictions)		Tarrant Dermatology Co		ultants, PA	
	Date 12/17/2024	Full name of contributor on Isaacson, Terah C. Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.34
		Houston, TX 77009-7753					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Bayou City Surgical Spe	′	ılists, PLLC	
	Date 12/23/2024	Full name of contributor of Jaleel, Mambarambath Abdul Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center	
	Date 11/27/2024	Full name of contributor of Jamie Rocky Salinas, MDPA Contributor address; City; State; Z San Benito, TX 78586-4118	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	. 5)		
			I				

	MONET	ARY POLITICAL CO	S		SCHEDUL	E A1	
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 26/59 Rpt: 47/102	
2	FILER NAME Texas Medic	al Association Political Action Co	mmittee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/17/2024	Jumper, Cynthia Ann	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$208.34
_	· · ·	Lubbock, TX 79424-5001	10	5 1 (0 1 i ii			
8	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 12/11/2024	Full name of contributor Kabel, David Ira Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu	Plano, TX 75093-7927 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician	,		Self Employed	,		
	Date 12/10/2024	Full name of contributor Kakar, Rajdeep Singh Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
		McKinney, TX 75072-7256					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions The Dallas Center for Sl	•	p Disorders, PA	
	Date 12/23/2024	Full name of contributor Kane, Scott Taylor Contributor address; City; State; Helotes, TX 78023-3757	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Allen Anesthesia PA	()		
	Date 12/18/2024	Full name of contributor Kapadia, Darshan K. Contributor address; City; State; Plano, TX 75024-1100	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Internal Medicine Assoc		es of West Plano	
			1				

	MONEI	ARY POLITICAL (SCHEDUI	LE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/59 Rpt: 48/102	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 12/10/2024	5 Full name of contributor Katari, Vijay Sekhar6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Frisco, TX 75035-1709 pation / Job title (See Instructions	(s)	Employer (See Instructions Dr. Vijay Katari, PLLC) s)		
	Date 12/22/2024	Full name of contributor Kaur, Amandeep Contributor address; City; S Frisco, TX 75034-6846	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	<u> </u>		
	Date 12/14/2024	Full name of contributor Kavanagh, Robert J. Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	•	Houston, TX 77096-2617 pation / Job title (See Instructions	(3)	Employer (See Instructions	 5)		
	Physician			US Anesthesia Partners	of	Texas, PA	
	Date 12/21/2024	Full name of contributor Kennedy, Julie E. Contributor address; City; S Dallas, TX 75287-4022	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Baylor Scott & White Da		s Diagnostic Association	
	Date 12/01/2024	Full name of contributor Kennedy, Shane W. Contributor address; City; S Fort Worth, TX 76123-18				Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Dialysis Associates - Te		s Kidney Consultants	

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 28/59 Rpt: 49/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission I 00015658	-ilers)
4	Date 12/18/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
_		Fort Worth, TX 76126-1941	_		Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Heart Center of North T		as, P.A.	
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_Khammar, George S. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fort Worth, TX 76107-4716 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Physician	panon, coo uno (coo monastrono,		Heart Center of North T		as, P.A.	
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_ Khu, Richard Corvera Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Amarillo, TX 79121-1947					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions High Plains Radiologica	′	ssociation, LLP	
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Kingman, Robert Graham Contributor address; City; State; Zip Code Corsicana, TX 75110-1160)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 12/19/2024	Full name of contributor out-of-state PAC (ID#:_Klouda, Michael J. Contributor address; City; State; Zip Code Tyler, TX 75703-3402)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Health East Texas F		sicians Breast Care Center	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 29/59 Rpt: 50/102	
2	FILER NAME	al Accordation Political Action	Committee		3 Filer ID (Ethics Commission	Filers)
		al Association Political Action	_		00015658	
4	Date 12/23/2024	5 Full name of contributorKoltz, Michael T.6 Contributor address; City; S	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$99.00
		Cedar Park, TX 78613-43	02			
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	us)	
	Physician			Ascension Medical Grou	oup Neurosurgery	
	Date 12/23/2024	Full name of contributor Kooner, Karanjit Singh Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$99.00
		Plano, TX 75093-7635				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)	
	Physician			UT Southwestern Medic	cal Center	
	Date 12/01/2024	Full name of contributor Kulik, Cynthia Marie Contributor address; City; S	out-of-state PAC (ID#: ate; Zip Code)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76132-45	79			
	Principal occu	nation / Job title (See Instructions	3)	Employer (See Instructions	IS)	
	Physician		,	Self Employed	,	
	Date	Full name of contributor	out-of-state PAC (ID#:	. ,	Amount of Contribution (\$)	
	12/12/2024	Kumaresan, Deepika Contributor address; City; S Coppell, TX 75019-6704				\$99.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	is)	
	Physician			UT Southwestern Medic	cal Center	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/03/2024	LaBarbera, Philip T.			(4)	\$99.00
		Contributor address; City; S Nacogdoches, TX 75965-				
		pation / Job title (See Instructions	s)	Employer (See Instructions		
	Physician			Nacogdoches Area Phy	ysicians Association, PLLC	
			·			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 30/59 Rpt: 51/102	
2	FILER NAME	al Association Political Action C	Committee		3	Filer ID (Ethics Commission 00015658	ı Filers)
_					_		
4	Date 11/27/2024	 5 Full name of contributor LaRue, Patricia Ann 6 Contributor address; City; State 	out-of-state PAC (ID#:)	ľ	Amount of Contribution (\$)	\$99.00
		Dallas, TX 75208-2340	c, <u></u> p				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	\	Π	Amount of Contribution (\$)	
	12/01/2024	Lai, Eugene C.	out of state 1 AC (ID#			ranount of Contribution (¢)	\$99.00
	12/01/2024		a. Zia Cada				Ψ55.00
		Contributor address; City; State	e; Zip Code				
		Houston, TX 77005-1816					
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	· /		
	Physician	pation / 300 title (See matractions)		Houston Methodist Neur		ngical Institute	
	-			Tiouston Wethoust Near	T		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	***
	12/02/2024	Lankford, Craig B.					\$99.00
		Contributor address; City; State	e; Zip Code				
		Dallas, TX 75229-4031			<u> </u>		
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Texas Back Institute			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/20/2024	Lansford-Seabaugh, Paula	Annette				\$99.00
		Contributor address; City; State	e; Zip Code		1		
		Trophy Club, TX 76262-558	0				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Trophy Club Family Med	dici	ne	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Lara, Michael D.		_			\$99.00
		Contributor address; City; State	e: Zip Code				
			-,p				
		El Paso, TX 79936-8610					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Physician	. , ,		Rio Grande Surgeons, F			
	-						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/59 Rpt: 52/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/24/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
_	Deignaignal annu	Laredo, TX 78043-4606	O Familia va (Gas la structiona)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#:_ Lee, Jun H. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Frisco, TX 75033-1288				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) Frisco Primary Care, PA			
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#: Leventon, George S. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Bellaire, TX 77401-5514				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) Self Employed)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#:_Lieu, Philip Contributor address; City; State; Zip Code Dallas, TX 75230-5320			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) Retina Specialists)		
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_Lines, Polly Contributor address; City; State; Zip Code Austin, TX 78738-5599)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions) vner	Employer (See Instructions) Business Owner)		

	MONET	ARY POLITICAL CONTRIBU	UTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 32/59 Rpt: 53/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	r Filers)
4	Date 12/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
_		Corpus Christi, TX 78413-2245			Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 12/24/2024	Full name of contributor out-of-state PA Liu, Zhenhao Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occur	Keller, TX 76248-9747 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Physician			Arthritis & Osteoporosis		sociates LLP	
	Date 12/19/2024	Full name of contributor out-of-state PA Lively, Charles Auborn Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$99.00
		Odessa, TX 79765-8520					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Charles A. Lively, MD P	•		
	Date 12/05/2024	Full name of contributor out-of-state PA Lucas, Glynda Williams Contributor address; City; State; Zip Code Kempner, TX 76539-5031)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Darnall Army Hospital	5)		
	Date 12/14/2024	Full name of contributor out-of-state PA Lutz, Robert F. Contributor address; City; State; Zip Code Keller, TX 76248-3025	AC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			<u> </u>				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 33/59 Rpt: 54/102	
2	FILER NAME Texas Medic	al Association Political Action C	Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/03/2024	5 Full name of contributor Maier, Kathryn L.6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$99.00
_		Spring, TX 77379-4222	1-				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Dell Children's Medical (oup	
	Date 12/18/2024	Full name of contributor Malik, Amir Z. Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$99.00
	Dringing! goog	Fort Worth, TX 76107-3514		Employer (See Instructions	·/		
	Physician	pation / Job title (See Instructions)		Heart Center of North Te		as, P.A.	
	Date 12/24/2024	Full name of contributor Malladi & Reddy PA Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$300.00
		Lufkin, TX 75904-3124					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/24/2024	Full name of contributor Malladi & Reddy PA Contributor address; City; Stat Lufkin, TX 75904-3124	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/07/2024	Full name of contributor Margo, Javier D. Contributor address; City; Stat Rio Grande City, TX 78582-)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Starr County Memorial F		spital	
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 34/59 Rpt: 55/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/17/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$99.00
_	<u> </u>	Beeville, TX 78104	15 5 1 16 1 1 1	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Masel, Brent Ellis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Galveston, TX 77551-1571	1			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions UTMB John Sealy Scho		of Medicine	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Matlock, Kelly Diane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Graham, TX 76450-1431	1			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Palo Pinto General Hos	′	al	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Matorin, Philip A. Contributor address; City; State; Zip Code Houston, TX 77005-3354)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Pasha Snoring & Sinus		nter	
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#: Matthew Rowley MD PA Contributor address; City; State; Zip Code Lufkin, TX 75904-5575			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			I			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 35/59 Rpt: 56/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/16/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
		Plano, TX 75075-2216	-				
8	Principal occu _l Physician	pation / Job title (See Instructions)	9	Employer (See Instructions UTSW Oncology Hospit		st Group	
	Date 12/03/2024	Full name of contributor out-of-state PAC Medina, Javier Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Mission, TX 78573-3926 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Physician	,		Javier Medina MD PA	•		
	Date 12/22/2024	Full name of contributor out-of-state PAC Mestry, Kaustubh Sudhir Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$99.00
		Frisco, TX 75034-6846					
	Principal occup Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 12/09/2024	Full name of contributor out-of-state PAC Michael W. Stavinoha, MD PA Contributor address; City; State; Zip Code Houston, TX 77008)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/19/2024	Full name of contributor out-of-state PAC Miller, Melissa B. Contributor address; City; State; Zip Code Cedar Park, TX 78613-3244	I (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			•				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 36/59 Rpt: 57/102	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Medic	al Association Political Action	Committee			00015658	
4	Date 12/18/2024	5 Full name of contributorMohammed, Akif Azmi6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-391					
8		pation / Job title (See Instructions	9	Employer (See Instructions		• D 4	
	Physician			Heart Center of North T	exa	S, P.A.	
	Date 12/04/2024	Full name of contributor Molina, Isabel Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
		Lamesa, TX 79331-3111					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Physician			Covenant Medical Cent	er		
	Date 12/17/2024	Full name of contributor Monday, Kimberly E. Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$208.34
		Houston, TX 77005-3318					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> S)		
	Physician		,	UTMSH - Dept of Neuro		y	
	Date 11/27/2024	Full name of contributor Mongare, Job B. Contributor address; City; St Athens, TX 75751-2109	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Athens Neurology Profe		onal Association	
	Date 12/17/2024	Full name of contributor Moore, Robert Anthony Contributor address; City; St Dallas, TX 75205-2933	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions R Anthony Moore MD P			

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 37/59 Rpt: 58/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/18/2024	 Full name of contributor out-of-state PAC (ID#:_ Mott, Lorren C. Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$99.00
		Aledo, TX 76008-4847	_				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Heart Center of North T		as, P.A.	
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#:_Mueller, Nicole Alison Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Granbury, TX 76048-5684 pation / Job title (See Instructions)	Γ	Employer (See Instructions) 		
	Physician	pation / cos tale (cos metadotorio)		Self Employed	',		
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_Mughal, Aleem Iqbal Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		North Richland Hills, TX 76182-2003					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Heart Center of North T		as, P.A.	
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#:_Murphy, Joseph Thomas Contributor address; City; State; Zip Code Dallas, TX 75205-2935				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center	
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_Nair, Sanjeev Unnikrishnan Contributor address; City; State; Zip Code Fort Worth, TX 76132-4461)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			•				

	MONEI	ARY POLITICAL CONTRIB	UHON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 38/59 Rpt: 59/102	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action Committee				00015658	
4	Date 12/21/2024	 Full name of contributor	AC (ID#:		7	Amount of Contribution (\$)	\$99.00
_	Discharles	McKinney, TX 75069-3394	- la	England (Car later time			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Texoma Arthritis Clinic F			
				Textina Artinus Cimic F	-A		
	Date 12/16/2024	Full name of contributor out-of-state PANAUMANN, Christopher R. Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$99.00
		Belton, TX 76513-5660					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician			Baylor Scott & White He	alt	n-Central Texas	
	Date 12/02/2024	Full name of contributor out-of-state PA Nelson, Lawrence Edward Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$99.00
		Corpus Christi, TX 78404-2235					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician			Self Employed			
	Date 12/18/2024	Full name of contributor out-of-state PANEWMAN, Stephen D. Contributor address; City; State; Zip Code Hudson Oaks, TX 76087-3623	AC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions Heart Center of North Te		s, P.A.	
	Date 12/09/2024	Full name of contributor out-of-state PANewton, Dennis Elbert Contributor address; City; State; Zip Code Carrollton, TX 75006-4727	AC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions Self Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 39/59 Rpt: 60/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/11/2024	 Full name of contributor out-of-state PAC (ID#: Nisbet, Nikki Denee' Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$99.00
8	Dringing con	Corpus Christi, TX 78411-1221	٦	Employer (See Instruction	<u>,,</u>		
•	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions GHEPCC	·)		
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#: Norrell, Stacy L. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.34
	Principal occu	Magnolia, TX 77355-1836 pation / Job title (See Instructions)	1	Employer (See Instructions	<u>;)</u>		
	Physician			UTMSH - Dept of Anest		siology	
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#: Novosad, Bryan J. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Humble, TX 77345-1928					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Nova Medical Centers	5)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#: Nuby, Marquis J. Contributor address; City; State; Zip Code Denton, TX 76210-8791)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Nuby Pediatrics	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#: Nugent, Kathy Contributor address; City; State; Zip Code Fort Worth, TX 76109-2416			•	Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/59 Rpt: 61/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/13/2024	 5 Full name of contributor out-of-state PAC (ID#:_O.J. Rodriguez, M.D., P. A. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$99.00
Ω	Drincinal occu	Kingsville, TX 78364 pation / Job title (See Instructions)	9 Employer (See Instructions	-, 		
•	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	>)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Ogbue, Lauretta Ufuoma Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Southlake, TX 76092-5733	Employer (See Instructions	<u>''</u>		
	Physician Physician	pation / Job title (See Instructions)	Self Employed	s)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Ogwu, Chiedu Austin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Desoto, TX 75115-7414				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Alpha Medical Center	5)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_Oshman, Robert D. Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1508)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Ear Nose & Throat Asso		ates of Corpus Christi	
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_ Otolaryngology Head & Neck Surgery Associate Contributor address; City; State; Zip Code Texarkana, TX 75503-3013	s		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 41/59 Rpt: 62/102	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commissio 00015658	n Filers)
4	Date 12/24/2024	 Full name of contributor	es	7	Amount of Contribution (\$)	\$99.00
_		Texarkana, TX 75503-3013	1	Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_ Otolaryngology Head & Neck Surgery Associate Contributor address; City; State; Zip Code	es		Amount of Contribution (\$)	\$99.00
		Texarkana, TX 75503-3013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Patel, Divyansu D. Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$300.00
		Austin, TX 78750-3876				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions The Specialty Clinic of A	•	stin-Psychiatry	
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: Patel, Hamish Sunil Contributor address; City; State; Zip Code McKinney, TX 75071-1688)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Texas Pulmonary & Crit		ıl Care Consultants, PA	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Pearce, Connie Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2626			Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner	Employer (See Instructions Business Owner	5)		
			ı			

	MONEI	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 42/59 Rpt: 63/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/17/2024	5 Full name of contributor out-of-state Property Pearse, Lee Ann	AC (ID#:		7	Amount of Contribution (\$)	\$208.34
_		Dallas, TX 75244-7703	l_				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Pediatric Cardiologists of			
	Date 12/23/2024	Full name of contributor out-of-state P/ Pedro P. Torres, M.D., P.A. Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$99.00
		Corpus Christi, TX 78411					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date 12/06/2024	Full name of contributor out-of-state Prerry, Jeremie J. Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$300.00
		Abilene, TX 79606-4366					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Provider Netwo		- Anesthesia	
	Date 12/19/2024	Full name of contributor out-of-state Properties, Natalie Woodworth Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2702	AC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Natalie Philbrick DO PA			
	Date 12/17/2024	Full name of contributor out-of-state PA Philip Yosowitz MD Professional Associa Contributor address; City; State; Zip Code Houston, TX 77030-4517)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			I				

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	≣ A1
	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 43/59 Rpt: 64/102	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/10/2024	 Full name of contributor out-of-state PAC (ID#:_Philomena Ukwade MD PA Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$99.00
_	Delinational and	Friendswood, TX 77546	10 5 (0 t t			
8	Рппсіраї осси 	upation / Job title (See Instructions)	9 Employer (See Instructions			
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_Pinky S. Tiwari, MD PA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Houston, TX 77030 upation / Job title (See Instructions)	Employer (See Instructions	.)		
	- Intolpal occa	pation 7 300 title (See instructions)	Employer (occ mandeners)	') 		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Pinky S. Tiwari, MD PA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Houston, TX 77030				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#:_Poindexter, David P. Contributor address; City; State; Zip Code Humble, TX 77347-0876			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions David P. Poindexter, MD			
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_Pollock, Todd Alan Contributor address; City; State; Zip Code Dallas, TX 75254-2742			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions North Dallas Plastic Sur		ry Associates, PA	

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 44/59 Rpt: 65/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/10/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Beaumont, TX 77706-6353 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Physician			Self Employed			
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Ponce De Leon, Anne Marie Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$99.00
		Sugar Land, TX 77479-2554					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 12/23/2024	Full name of contributor)		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75252-4982					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Patrick H. Pownell, MD			
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Prestridge, Barry Barton Contributor address; City; State; Zip Code Wichita Falls, TX 76308-2214)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texoma ENT & Allergy	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Puttagunta, Raghuveer Contributor address; City; State; Zip Code Corpus Christi, TX 78413-5256			•	Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Driscoll Childrens Hosp		I	

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 45/59 Rpt: 66/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/19/2024	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Texarkana, TX 75503-1117 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
	Physician			Collom & Carney Clinic	·)		
	Date 12/18/2024	Full name of contributor)		Amount of Contribution (\$)	\$99.00
		El Paso, TX 79912					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state Rabara, Knic C. Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$99.00
		Katy, TX 77493-7990					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Houston Methodist Prim	•	· Care Group - West Housto)
	Date 12/17/2024	Full name of contributor out-of-state Ramsey, Alice Leigh Contributor address; City; State; Zip Code Lipan, TX 76462-3719	-)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 12/06/2024	Full name of contributor out-of-state Rasmussen, Kathleen Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6046	PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions OB/GYN Associates Of		rpus Christi	

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 46/59 Rpt: 67/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$300.00
_	Dringing Loon	Dallas, TX 75244-6929	ام	Employer (Con Instructions	_		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Questcare Medical Clini			
	Date 12/25/2024	Full name of contributor out-of-state PAG Reeve, Robert Edward Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Temple, TX 76502-6458 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Physician Physician	pation / Job title (See Instructions)		Baylor Scott & White He		h-Central Texas	
	Date 11/26/2024	Full name of contributor out-of-state PAG Reeves, Robert David Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$99.00
		Conroe, TX 77304-4059					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 12/21/2024	Full name of contributor out-of-state PAG Rice, William H. Contributor address; City; State; Zip Code Austin, TX 78735-6106				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 12/24/2024	Full name of contributor out-of-state PAG Robinson, Roger R. Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	C (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 47/59 Rpt: 68/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/17/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76123-1806					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Fred Rohm DO PA	5)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_Rosen, Robin Susan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Colleyville, TX 76034-4622 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	Physician Physician	padotr, sob tite (see instituctions)		UT Southwestern Medic		Center	
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Rosenquist, Mary Ortiz Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$99.00
		Huntsville, TX 77340-4981					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Huntsville Family Medic			
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_Rosso, Ritchie Contributor address; City; State; Zip Code Midland, TX 79705-1936)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Chappell Rosso Derma		ogy PA	
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#:_ Rubianes, Elba I. Contributor address; City; State; Zip Code Allen, TX 75013-4879			•	Amount of Contribution (\$)	\$30.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Michael McGuiness, MI		Α	
	, σιοιαιτ			or.go: Modumess, ML	- 1	•	

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 48/59 Rpt: 69/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 12/11/2024	 5 Full name of contributor out-of-state Qubin, Michael A. 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00
_	Delicalizado e	Dallas, TX 75206-6722	la la	Frankrick (October North Co.			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions UT Southwestern Medic		Center	
	Date 12/18/2024	Full name of contributor out-of-state Santini, Mario A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Tyler, TX 75711-6218 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Physician			Self Employed			
	Date 12/03/2024	Full name of contributor out-of-state Schirmer, Jeremy Allen Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$99.00
		Hallsville, TX 75650-5144					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Longview Regional Hos	′	al	
	Date 12/05/2024	Schnell, John L.	PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 11/27/2024	Full name of contributor out-of-state Schwade, Jack Lester Contributor address; City; State; Zip Code Dallas, TX 75230-2403	PAC (ID#:)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dallas Cardiovascular S		cialists	

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	£ A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 49/59 Rpt: 70/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/01/2024	 5 Full name of contributor out-of-state PAC (ID#:_Selz, Peter A. 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$99.00
		Sherman, TX 75092-6873	_				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions E.N.T. Centers of North		xas	
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Shafer, David R. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Whitehouse, TX 75791-5754 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Physician			Self Employed			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Shah, Anjali N. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75214-3422					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center	
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_Shah, Parth K. Contributor address; City; State; Zip Code Fort Worth, TX 76123-1893)		Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Urology Specialis		Fort Worth Clearfork	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Sheppard, Gary J. Contributor address; City; State; Zip Code Houston, TX 77071-3662)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Southwest Memorial Ph		cian Associates, PA	

	MONET	ARY POLITICAL (CONTRIBUTION	IS 		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 50/59 Rpt: 71/102	
2	FILER NAME Texas Medic	al Association Political Action	Committee		1	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/24/2024	5 Full name of contributor Shringer, Akkamahadevi6 Contributor address; City; St)	7 /	Amount of Contribution (\$)	\$99.00
		Abilene, TX 79606-5125					
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Self Employed	s)		
	Date 12/07/2024	Full name of contributor Sidhu, Jasvinder S. Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Bellaire, TX 77401-5028 pation / Job title (See Instructions		Employer (See Instructions	<u>2)</u>		
	Physician Physician	pation / Job title (See Instructions)	Baylor St Luke's Medica		oup	
	Date 12/01/2024	Full name of contributor Singh, Ankita Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76123-189	93				
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	s)		
	Date 12/20/2024	Full name of contributor Singh, Indra Veer Contributor address; City; Si Southlake, TX 76092-461)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions All Saints Health System		. Worth	
	Date 12/03/2024	Full name of contributor Slatton, Monte Lynn Contributor address; City; Si Amarillo, TX 79106-2512	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions Cardiology Center of An		lo, LLP	

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 51/59 Rpt: 72/102	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/11/2024	5 Full name of contributorSmith, Lance S.6 Contributor address; City; St.	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Azle, TX 76020-5429	<u>. </u>	Employer (See Instructions	-/-		
о 	Physician			Self Employed	· ·		
	Date 12/02/2024	Full name of contributor Smith, Melissa Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
	Principal occu	Austin, TX 78717-3902 upation / Job title (See Instructions	;)	Employer (See Instructions	 - s)		
	Business Ow		, <u></u>	Business Owner			
	Date 12/05/2024	Full name of contributor Snodsmith, Lynda Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
		Fort Worth, TX 76132-116					
	Principal occu Business Ow	pation / Job title (See Instructions wner)	Employer (See Instructions Business Owner	5)		
	Date 12/12/2024	Full name of contributor Snook, Erica Warren Contributor address; City; St Dallas, TX 75208-3028	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions STATE HOSPITAL - Te		ll State Hospital	
	Date 12/12/2024	Full name of contributor Snyder, Michael J. Contributor address; City; St. Houston, TX 77057-1803				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions UT Physicians - Colon a		Rectal Clinic	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	■ A1	
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 52/59 Rpt: 73/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/18/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$20.00
		Austin, TX 78731-5631					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions UT Austin Dell Family M		icine Faculty	
	Date 12/10/2024	Full name of contributor)		Amount of Contribution (\$)	\$99.00
	Principal occur	Mesquite, TX 75149-6892 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Physician Physician	pation, 300 title (See Instituctions)		Texas Health Physician		roup	
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Steven K Foster MD PA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Cedar Park, TX 78630-0189					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Stewart, Angelene M. Contributor address; City; State; Zip Code Fort Worth, TX 76132-3061				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions McCart Medical Associa		3	
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_Stringfellow, Grace Lea Contributor address; City; State; Zip Code Amarillo, TX 79159-0180				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL CO	DNIRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	o complete this form	m.	1	Total pages Schedule A1: Sch: 53/59 Rpt: 74/102	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action C	ommittee 			00015658	
4	Date 12/15/2024	5 Full name of contributorStrobel, Gennell DeAn6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$16.50
	Sherman, TX 75090-5000						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Physician G. Dean Strobel, MD PA		١				
	Date 12/13/2024	Full name of contributor Suneja, Randeep Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$99.00
		Katy, TX 77450-5374					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician			Cardiology Center of Ho	us	ton, PA	
	Date 12/18/2024	Full name of contributor Suss, Richard Alan Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Dallas, TX 75225-1603					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician	,		UT Southwestern Medic		Center	
	Date	Full name of contributor	out-of-state PAC (ID#:	\		Amount of Contribution (\$)	
	12/24/2024	Texas Cardiothoracic Surge Contributor address; City; State	ry			, another of Continuous (t)	\$99.00
	Drincinal occu	Dallas, TX 75208 pation / Job title (See Instructions)		Employer (See Instructions) 		
	i illicipai occu	pation 7 dob title (oce motituetions)		Employer (occ manachoris	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/17/2024	The Women's Center of the				(4)	\$99.00
		Contributor address; City; State Odessa, TX 79761					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	. Imolpai occu	panon / oob and (occ monuchons)		Employer (Occ manucuons	,		

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 54/59 Rpt: 75/102	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	r Filers)
4	Date 12/02/2024			7	Amount of Contribution (\$)	\$99.00	
		Corpus Christi, TX 78411					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/23/2024	Full name of contributor Thomas C. Cole, Jr. MD F Contributor address; City; St				Amount of Contribution (\$)	\$99.00
	Dringing Lagge	Huntsville, TX 77340	\	Employer (Coo Instruction	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 12/02/2024	Full name of contributor Thomas, Lini Mary Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76104-314	17				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)		
	Date 12/20/2024	Full name of contributor Thompson, James C. Contributor address; City; St Fort Worth, TX 76132-350	ate; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Chisholm Trail Allergy a		Asthma	
	Date 12/15/2024	Full name of contributor Thompson, Jeffrey B. Contributor address; City; St Beaumont, TX 77701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$33.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Baptist Hospitals of Sou		east Texas	
	-			· ·			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	. Е А1	
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 55/59 Rpt: 76/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission F 00015658	-ilers)
4	Date 12/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
8	Dringing oggu	Southlake, TX 76092-1423	0	Employer (See Instructions	,, 		
•	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	•)		
	Date 12/03/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
	Principal occu	Robstown, TX 78380-6181 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Physician					A&M University School of Me	d
	Date 11/30/2024	Full name of contributor				Amount of Contribution (\$)	\$99.00
		Houston, TX 77018-2017					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMSH - Dept of Obste		s, Gynecology & Reproduct	
	Date 12/19/2024	Full name of contributor out-of-state PAC (ID#:_ Trester, Elliot J. Contributor address; City; State; Zip Code Austin, TX 78731-5635)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Central Family Practice	<u>(</u>		
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_ Trevino, Ernesto Contributor address; City; State; Zip Code McAllen, TX 78504-2214				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	. (5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 56/59 Rpt: 77/102	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 12/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$99.00
8	Principal occur	Houston, TX 77007-2863	0	Employer (See Instructions	·,		
•	Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) Texas Endovascular As			ciates			
	Date 12/24/2024	Full name of contributor				Amount of Contribution (\$)	\$99.00
		Weslaco, TX 78596		5 1 (0 1)			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Vatsala Bhaskaran MD, PA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77034					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/01/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	Fort Worth, TX 76132-4444 pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	<u> </u> ;)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Velasco, Gretchen M. Contributor address; City; State; Zip Code Mission, TX 78573-0030				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Gretchen M. Velasco, M		PA	
		·					

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 57/59 Rpt: 78/102	
2	FILER NAME	al Accesiation Political Action Committee			3	Filer ID (Ethics Commission	n Filers)
		al Association Political Action Committee			Ļ	00015658	
4	Date 12/17/2024	 Full name of contributor ut-of-state villarreal, E. Linda Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$208.34
	Edinburg, TX 78541-4651						
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Т	Amount of Contribution (\$)			
	12/11/2024	Wadhwa, Anupama N.	FAC (ID#	J		Amount of Continuation (4)	\$99.00
	12/11/2024						Ψ55.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75390-0001	į				
		pation / Job title (See Instructions)		Employer (See Instructions		_	
Physician UT Southwestern Medi		al	Center				
Date		Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	12/15/2024	Watts, Jenelle Simon					\$33.00
		Contributor address; City; State; Zip Code					
		Plano, TX 75093-3343					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Physician			Self Employed			
	Date	Full name of contributor ut-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	12/15/2024	Westbrook, Benjamin James Contributor address; City; State; Zip Code					\$16.50
		El Paso, TX 79902-5008					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			El Paso Head and Neck	Sı	ırgery	
	Date	Full name of contributor ut-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	12/23/2024	Whitman, Jeffrey					\$99.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75230-3105					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Key Whitman Eye Cente	er,	PA	
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTION	15	SCHEDULE A	1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 58/59 Rpt: 79/102	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3 Filer ID (Ethics Commission Filers 00015658	s)
4	Date 12/23/2024	Full name of contributor Wicks, Joyclyn Tyson Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7 Amount of Contribution (\$) \$9	99.00
Ļ		Frisco, TX 75034-5124				
8	Principal occu Physician	upation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	s) 	
	Date 12/14/2024	Full name of contributor Wilhelm, David Michael Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$9	99.00
	Principal occu	Amarillo, TX 79119-6257 upation / Job title (See Instructions))	Employer (See Instructions	s)	
	Physician Amarillo Urology Associ		iates			
	Date 12/16/2024	Full name of contributor Williams, Dwayne O. Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	Amount of Contribution (\$) \$9	99.00
	I	Richmond, TX 77469-5243	3			
	Principal occu Physician	upation / Job title (See Instructions))	Employer (See Instructions Dwayne O. Williams, MI		
	Date 12/17/2024	Full name of contributor Williams, Paul Brian Contributor address; City; Sta	·		Amount of Contribution (\$) \$2	25.00
	Principal occu Physician	upation / Job title (See Instructions)		Employer (See Instructions Texas Urology Specialis		
	Date 12/24/2024	Full name of contributor Wilson, Louis John Contributor address; City; Sta Wichita Falls, TX 76308-12	·)	Amount of Contribution (\$) \$9	99.00
	Principal occu Physician	upation / Job title (See Instructions))	Employer (See Instructions Wichita Falls Gastroente		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 59/59 Rpt: 80/102
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission Filers) 00015658
4	Date 12/17/2024 5 Full name of contributor out-of-state PAC (ID#:) Young, Lisa W. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$99.00		
8	Principal occu	Houston, TX 77005-3947 spation / Job title (See Instructions)		Employer (See Instructions Aesthetic Center for Pla		: Surgery

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C3: Sch: 1/1 Rpt: 81/102		
2 FILER NAME Texas Medic	cal Association Political Action Committee	3	Filer ID 00015658	(Ethics Commission Filers)		
4 Date 12/24/2024	Corporation / Labor Organization name Eye Associates of Corpus Christi	6	Amount (\$)	99.00		
Date 12/24/2024	Corporation / Labor Organization name First Physicians, PLLC		Amount (\$)	99.00		
Date 12/23/2024	Corporation / Labor Organization name Monzer H Yazji and Associates, PLLC		Amount (\$)	99.00		
Date 12/03/2024	Corporation / Labor Organization name Rocas, INC		Amount (\$)	99.00		
Date 12/24/2024	Corporation / Labor Organization name Sabine Family Medicine, LLC		Amount (\$)	99.00		
Date 12/05/2024	Corporation / Labor Organization name Timothy Martin, MD PLLC		Amount (\$)	99.00		
Date 12/10/2024	Corporation / Labor Organization name Victoria Vein & Surgery Clinic PLLC		Amount (\$)	99.00		
Date 12/10/2024	Corporation / Labor Organization name Women's Center of Beaumont, LLC		Amount (\$)	99.00		

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 82/102 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Date 5 Corporation / Labor Organization name 6 Amount (\$) 12/22/2024 **Texas Medical Association** 21,931.58

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how	v to complete this f	orm.	I	ages Schedule E: /1 Rpt: 83/102
2	FILER NAME Texas Medical A	FILER NAME Texas Medical Association Political Action Committee			3 Filer ID 00015	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupati	on / Job title (See Instruction	s)	13 Employer (See Instruc	tions)	1
14	Description of Col	lateral		15 Check if personal fund	ls were deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code		
20	Principal occupati	on		21 Employer (See Instruc	etions)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	<u> </u>
1 Total pages Schedule F1: Sch: 1/19 Rpt: 84/102	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Medical Association Political Action Committee00015658
4 Date	5 Payee name
12/05/2024	Adam Hinojosa Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 18301
Expenditure from corporate funds	Corpus Christi, TX 78480
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Adam Hinojosa, STATE SENATE 27th TX
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Aicha Davis Campaign
Amount (¢)	
Amount (\$)	
\$500.00	P.O. Box 71
- Consorditure from	
Expenditure from corporate funds	DeSoto, TX 75123
PURPOSE	(a) Cotagon. (b) Deceription
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
	Aicha Davis, STATE HOUSE 109th TX
	Alona Bavis, STATE HOUSE 19911 TA
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Ana Hernandez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 15538
Expenditure from corporate funds	Houston, TX 77220
•	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Contributions/Contributions/Donations Made By Contributions/C
	Candidate/Officeholder/Political Committee
	Ana Hemanuez, STATE HOUSE 14310 TA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

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

Candidate/Officeholder/Politica Credit Card Payment	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: 2/19 Rpt: 85/102	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
12/11/2024	Angela Paxton Campaign
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P.O. Box 2878
Expenditure from corporate funds	McKinney, TX 75070
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZHBITORZ	Candidate/Officeholder/Political Committee
	Angela Paxton, STATE SENATE 8th TX
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Armando (Mando) Martinez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 1651
Expenditure from corporate funds	Weslaco, TX 78596
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDII GILL	Candidate/Officeholder/Political Committee
	Armando Martinez, STATE HOUSE 39th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payron namo
12/05/2024	Payee name Brent Hagenbuch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2800 Shoreline Dr #310
Expenditure from corporate funds	Denton, TX 76210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Brent Hagenbuch, STATE SENATE 30th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	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: 3/19 Rpt: 86/102	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
12/11/2024	Bryan Hughes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 450
Expenditure from corporate funds	Mineola, TX 75773
•	·
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bryan Hughes, STATE SENATE 1st TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/11/2024	Campaign to Re-Elect Juan Chuy" Hinojosa"
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1508 S. Lone Star Way
	Ste. 5B
Expenditure from corporate funds	Edinburg, TX 78539
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Juan Hinojosa, STATE SENATE 20th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Davida nama
12/11/2024	Payee name
12/11/2024	Caroline Fairly for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 20445
Expenditure from	
corporate funds	Amarillo, TX 79144
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
	Caroline Fairly, STATE HOUSE 87th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/19 Rpt: 87/102	2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
12/09/2024	Cassandra Hernandez Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 1289
Expenditure from corporate funds	Addison, TX 75001
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
	Cassandra Hernandez, STATE HOUSE 115th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/04/2024	Chris Turner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,750.00	P.O. Box 182093
Expenditure from corporate funds	Arlington, TX 76096
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Gillio Tullion, Gillio Gold Gold TX
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Dade Phelan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 5990
Expenditure from corporate funds	Austin, TX 78763
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Dade Phelan, STATE HOUSE 21st TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made B
Candidate/Officeholder/Politic

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

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: 5/19 Rpt: 88/102	2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
12/11/2024	Daniel Alders For Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 8907
Expenditure from	Tyler TV 75711
corporate funds	Tyler, TX 75711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Daniel Alders, STATE HOUSE 6th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	David Lowe for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	9017 Cedar Breaks Dr.
Expenditure from corporate funds	North Richland Hills, TX 76182
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
	David Lowe, STATE HOUSE 91st TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit 6/01	
Date	Payee name
12/05/2024	Dennis Paul for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	626 1/2 Barringer Ln. Ste. A
Expenditure from corporate funds	Webster, TX 77578
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Dennis Paul, STATE HOUSE 129th TX
Complete CNLV if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Award/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Educated Services The Instruction Guide	xpense Printing Salarie:		e /Contract Labor		ravel Out of D THER (enter		not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	 E				3 F	iler ID	(Ethics	Commission Filers)
	Sch: 6/19 Rpt: 89/102	Texas Med	lical Association P	olitical Action Co	ommit	tee	0	0015658			
4	Date	5 Payee name					<u> </u>				_
	12/09/2024	Diego Bern	nal Campaign								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip (Code						_
	\$1,000.00	PO Box 15	677								
	Expenditure from corporate funds	San Antoni	io, TX 78212								
8	PURPOSE OF EXPENDITURE	Contributio	see Categories listed at the ns/Donations Mac Officeholder/Politi	le Ву	(b)	Description Check if travel Check if Austin Diego Bernal	n, TX, of	ficeholder livir	g expense		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ought			Office h	eld		
	Date	Payee name)								_
	12/10/2024	Dr. Lalani f	or Texas								
	Amount (\$)	Payee addre	ess; City;	State; Zip 0	Code						
	\$1,000.00	P.O. Box 6	514								
	Expenditure from corporate funds	Houston, T	X 77265								
		(a) Category (S	EX 77265 See Categories listed at the ns/Donations Mac Officeholder/Politic	le By	(b)	Description Check if travel Check if Austin	n, TX, of	ficeholder livir	g expense		
	PURPOSE OF	(a) Category (S Contributio Candidate/	See Categories listed at the	le By		Check if travel Check if Austin	n, TX, of	ficeholder livir	g expense OUSE 76		
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Contributio Candidate/	See Categories listed at the ns/Donations Mac 'Officeholder/Politi	le By cal Committee		Check if travel Check if Austin	n, TX, of	ficeholder livir	g expense OUSE 76		
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ok	(a) Category (s Contribution Candidate/ Candidate/Off	See Categories listed at the ns/Donations Mac 'Officeholder/Politi	le By cal Committee Office so		Check if travel Check if Austin	n, TX, of	ficeholder livir	g expense OUSE 76		
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol	(a) Category (s Contribution Candidate/ Candidate/Off	Gee Categories listed at the ns/Donations Mac Officeholder/Politication ficeholder name ey for State Represess; City;	le By cal Committee Office so	ought	Check if travel Check if Austin	n, TX, of	ficeholder livir	g expense OUSE 76		
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/09/2024 Amount (\$)	Candidate/Off Candidate/Off Payee name Drew Darby Payee addre P.O. BOX 3	Gee Categories listed at the ns/Donations Mac Officeholder/Politication ficeholder name ey for State Represess; City;	le By cal Committee Office so	ought	Check if travel Check if Austin	n, TX, of	ficeholder livir	g expense OUSE 76		
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/09/2024 Amount (\$) \$500.00	Candidate/Off Candidate/Off Payee name Drew Darby Payee addre P.O. BOX 3 San Angelo (a) Category (s) Contributio	Gee Categories listed at the ns/Donations Mac Officeholder/Politications of the company of the c	Office so centative State; Zip of this schedule) le By	code	Check if travel Check if Austin	outside	of Texas. Cor	g expense DUSE 76 eld nplete Sche g expense	Oth TX	
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/09/2024 Amount (\$) \$500.00 Expenditure from corporate funds PURPOSE OF	(a) Category (S Contribution Candidate/ Candidate/Off Payee name Drew Darby Payee addre P.O. BOX S San Angelo (a) Category (S Contribution Candidate/Off Candidate/Off	Gee Categories listed at the ns/Donations Mac Officeholder/Politic ficeholder name by for State Repressures; City; 3284 c), TX 76902 Gee Categories listed at the ns/Donations Mac	Office so centative State; Zip of this schedule) le By	Code	Check if travel Check if Austin Suleman Lala Description Check if travel Check if Austin	outside	of Texas. Cor	g expense DUSE 76 eld mplete Sche g expense SE 72nd	Oth TX	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	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: 7/19 Rpt: 90/102	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
12/10/2024	Elect Charlene Ward Johnson
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 925775
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Houston, TX 77292
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.
	Candidate/Officeholder/Political Committee
	Charlene Ward Johnson, STATE HOUSE 139th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2024	Elizabeth Liz" Campos Campaign"
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1028 Rigsby
Expenditure from corporate funds	San Antonio, TX 78210
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 Check if Austin, TX, officeholder living expense
	Elizabeth Campos, STATE HOUSE 119th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/12/2024	Erin Zwiener for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 184
Expenditure from corporate funds	Driftwood, TX 76819
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
	Erin Zwiener, STATE HOUSE 45th TX
Complete ONLY if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/19 Rpt: 91/102	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
12/03/2024	Giovanni Capriglione Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1205 South White Chapel Blvd. Ste. 100
Expenditure from	
corporate funds	Southlake, TX 76092
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.
	Candidate/Officeholder/Political Committee Giovanni Capriglione, STATE HOUSE 98th TX
	Clovaliiii Caphyllone, STATE 1100SE 30th 17A
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Pavee name
12/11/2024	Glenn Hegar Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 1008
40,000.00	1.6.26.4200
Expenditure from corporate funds	Katy, TX 77492
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
	Glenn Hegar, COMPTROLLER TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Harold Dutton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4001 Jewett
Expenditure from	
corporate funds	Houston, TX 77026
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	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: 9/19 Rpt: 92/102	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
12/11/2024	James Talarico Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 5850
Expenditure from corporate funds	Round Rock, TX 78683
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	James Talarico, STATE HOUSE 52nd TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Jeff Barry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	4418 Broadway St.
Expenditure from corporate funds	Pearland, TX 77581
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Jeff Barry, STATE HOUSE 29th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/09/2024	Jessica Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 224011
Expenditure from corporate funds	Dallas, TX 75222-4001
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
	Jessica Gonzalez, STATE HOUSE 104th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 10/19 Rpt:	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
12/11/2024	John Bryant Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 140977
Expenditure from corporate funds	Dallas, TX 75214
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Data	
Date	Payee name
12/10/2024	Jolanda Jones Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	10709 Marsha Lane
Expenditure from corporate funds	Houston, TX 77024
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Jolanda Jones, STATE HOUSE 147th TX
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Ken King for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	2416 Locust
Expenditure from corporate funds	Canadian, TX 79014
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Candidate/Officenoider/Political Committee Light Check if Austin, 12, officenoider wing expense Ken King, STATE HOUSE 88th TX
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 11/19 Rpt:	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
12/05/2024	Kitzman for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 553
Expenditure from corporate funds	Pattison, TX 77466
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Stan Kitzman, STATE HOUSE 85th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
5.	
Date	Payee name
12/05/2024	Kitzman for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 553
Expenditure from	
corporate funds	Pattison, TX 77466
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Star Merian, STATE 118 SEE SSUIT 1X
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	S .
Date	Payee name
12/12/2024	Lacey Hull for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 19231
Ψ300.00	1.0. Box 13231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Lacey Hull, STATE HOUSE 138th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO BOTTOTIC OFOI	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total manua Cabadula F1.	
1 Total pages Schedule F1: Sch: 12/19 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
12/10/2024	Lauren Simmons Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 56386
Expenditure from	Houston, TV 770E6
corporate funds	Houston, TX 77256
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
	Lauren Simmons, STATE HOUSE 146th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Matt Morgan for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	503 FM 359 Ste. 130
φ500.00	303 FIN 339 Ste. 130
Expenditure from	
corporate funds	Richmond, TX 77406
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVERNOLT IDE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Matt Morgan, STATE HOUSE 26th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/09/2024	
12/09/2024	Mihaela Plesa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 796311
Expenditure from corporate funds	Dallas, TX 75248
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
	Mihaela Plesa, STATE HOUSE 70th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
p = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Sabadula F1:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 13/19 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Medical Association Political Action Committee00015658
4 Date	5 Payee name
12/03/2024	Nate Schatzline For Texas
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 162564
Expenditure from corporate funds	Fort Worth, TX 76181
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
	Nate Schatzinie, STATE HOUSE 9910 TA
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/26/2024	Neyman, Sherry
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	5 Cousteau Ln
Expenditure from corporate funds	Austin, TX 78746-3123
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	refund of contribution Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense refund of contribution
	return of contribution
Complete ONLY 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
\$5,000.00	101 S. Jennings
	Suite 103C
Expenditure from corporate funds	Fort Worth, TX 76104
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Nicole Collier, STATE HOUSE 95th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B

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

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: 14/19 Rpt:	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
12/11/2024	Ramon Romero Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 181
Expenditure from corporate funds	Fort Worth, TX 76101
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
	Ramon Romero, STATE HOUSE 90th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/03/2024	Robert Nichols for Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	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 EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Robert Nichols, STATE SENATE 3rd TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
12/11/2024	Roland Gutierrez for Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 15232
Expenditure from	
corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Roland Gutierrez, STATE SENATE 19th TX
	Roland Guilettez, STATE SENATE 1901 TA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
1 Total pages Schedule F1: Sch: 15/19 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015658				
4 Date	5 Payee name				
12/11/2024	Royce West Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,500.00	320 S R.L. Thornton Fwy				
— Forest dit us form	Suite 220				
Expenditure from corporate funds	Dallas, TX 75203-1804				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	Royce West, STATE SENATE 23rd TX				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/12/2024	Sam Harless Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	15814 Champion Forest PMB 312				
Expenditure from corporate funds	Spring, TX 77379				
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				
	Sam Harless, STATE HOUSE 126th TX				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/11/2024	Senfronia Thompson Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	7611 Sterlingshire				
•					
Expenditure from corporate funds	Houston, TX 77016				
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				
	Senfronia Thompson, STATE HOUSE 141st TX				
0 1. 6					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Printi Salar	-	nse es/Contract Labor	Travel in Dist Travel Out of OTHER (ente	
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	(Ethics Commission Filers)
L	Sch: 16/19 Rpt:	Texas Mo	edical Association Poli	itical Action (Comm	ittee	0001565	8
4	Date	5 Payee nar	ne					
	11/26/2024	Solis, Joe						
6	Amount (\$)	7 Payee add	lress; City;	State; Zip	Code			
	\$99.00	405 E Av	ocet Ave					
	Expenditure from corporate funds	McAllen,	TX 78504-2230					
8	PURPOSE	(a) Category	(See Categories listed at the top	o of this schedule)	(b)	Description		
	OF EXPENDITURE	refund of	contribution					complete Schedule T.
						refund of con	ı, TX, officeholder liv atribution	ving expense
						retaile of coll	ia ibalion	
9	Complete ONLY if direct	Candidate/0	Officeholder name	Office	<u> </u>	:	Office	held
	expenditure to benefit C/OI							
	Date	Payee nar	ne					
	12/11/2024	Stan Ger	des for Texas House					
	Amount (\$)	Payee add	lress; City;	State; Zip	Code			
	\$250.00	606 Gres	ham Street					
_	Evpanditura from							
	Expenditure from corporate funds	Smithville	e, TX 78957					
	PURPOSE	(a) Category	(See Categories listed at the top	o of this schedule)	(b)	Description		
OF EXPENDITURE			ions/Donations Made					complete Schedule T.
		Candidat	e/Officeholder/Politica	ı Committee		Stan Gerdes,	, TX, officeholder liv	
						J.a., Joi 403,	, 5.7.1.2.1100	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						held		
\vdash	Dato	Davis						
	Date 12/11/2024	Payee nar	^{ne} or Charles Schwertner					
					<u> </u>			
	Amount (\$)	Payee add		State; Zip	Code			
	\$10,000.00	P.O. Box	2448					
	Expenditure from corporate funds	Georgeto	wn, TX 78627					
	PURPOSE	(a) Category	(See Categories listed at the top	o of this schedule)	(b)	Description		
	OF EXPENDITURE		ions/Donations Made			ш		complete Schedule T.
		Candidat	e/Officeholder/Politica	ı Committee			ı, TX, officeholder liv	ving expense TE SENATE 5th TX
						Shanes Solly	volutor, OTA	IL OLIWAIL OUI IA
	Complete ONLY if direct	Candidate/0	Officeholder name	Office	Souaht		Office	held
	expenditure to benefit C/OH							

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/Award/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
OTHER (enter a category not listed above)

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: 17/19 Rpt:	Texas Medical Association Political Action Committee 00015658						
4 Date	5 Payee name						
12/09/2024	Texans for Stan Lambert						
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 3752						
Expenditure from corporate funds	Abilene, TX 79604						
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						
	Stan Lambert, STATE HOUSE 71st TX						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/Ol							
Date	Payee name						
12/10/2024	The Armando Walle Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,500.00	3401 Louisiana, Ste. 250						
Expenditure from corporate funds	Houston, TX 77002						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee						
	Armando Walle, STATE HOUSE 140th TX						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
12/05/2024	Todd Hunter Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$5,000.00	445 Cape Henry						
φο,οσο.σσ	440 Superiority						
Expenditure from corporate funds	Corpus Christi, TX 78412						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
LAI LINDITURE	Candidate/Officeholder/Political Committee						
	Todd Hunter, STATE HOUSE 32nd TX						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/Ol							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
Sch: 18/19 Rpt:	Texas Medical Association Political Action Committee 00015658					
4 Date	5 Payee name					
12/11/2024	Toni Rose Campaign					
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code P.O. Box 41867					
Expenditure from corporate funds	Dallas, TX 75241					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Toni Rose, STATE HOUSE 110th TX					
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/03/2024	Trent Ashby Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	P.O. Box 412					
Expenditure from corporate funds	Lufkin, TX 75902					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Trent Ashby, STATE HOUSE 57th TX					
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
Date 12/11/2024	Payee name Trey Martinez Fischer Campaign					
Amount (\$) \$2,500.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 104 Babcock Road Suite 107 San Antonio, TX 78201					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Trey Martinez Fischer, STATE HOUSE 116th TX					
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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
OTHER (other a cottographed listed above)

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: 19/19 Rpt:	Texas Medical Association Political Action Committee 00015658
<u> </u>	
4 Date	5 Payee name
12/09/2024	Venton For Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1075 Griffin St. West
	Suite 212
Expenditure from	
corporate funds	Dallas, TX 75215
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Venton Jones, STATE HOUSE 100th TX
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Vince Perez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 71309
Ψ500.00	1 O BOX 71303
Expenditure from corporate funds	El Paso, TX 79917
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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if Austin, TX, officeholder living expense
	Vince Perez, STATE HOUSE 77th TX
	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{
Operation ONLY if allowed	On all data (Office health and areas
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
oxponditure to perionic eye	