

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016271	2 Total pages filed: 72
3 COMMITTEE NAME Texas Pharmacy Association PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/03/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3200 Steck Ave Suite 370 Austin, TX 78757	Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI CEO RoxAnn	Receipt #	Amount
	NICKNAME LAST SUFFIX Dominguez	Date Processed	
		Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	836-8350	
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input checked="" type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5		
11 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	12/26/2024		01/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Pharmacy Association PAC	13 Filer ID (Ethics Commission Filers) 00016271
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,419.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 83,863.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

CEO RoxAnn Dominguez
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Pharmacy Association PAC		18 Filer ID (Ethics Commission Filers) 00016271
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,169.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 2,650.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/65 Rpt: 4/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abangan, Anna Rose <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76114-4327	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363-4289	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Renee <hr/> Contributor address; City; State; Zip Code Austin, TX 78712-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Amanda <hr/> Contributor address; City; State; Zip Code Woodson, TX 76491-0304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmad, Shawn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215-1037	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/65 Rpt: 5/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Hallaq, Mahdi <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098-7008	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Linda <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-6800	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aloysius, Kevin <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-4348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3690	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/65 Rpt: 6/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arizpe, Anthony <hr/> 6 Contributor address; City; State; Zip Code Cibolo, TX 78108-4012	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arizpe, Michael <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108-4012	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Susan <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-4443	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Jeremy <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757-0120	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Rebecca <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-6122	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/65 Rpt: 7/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchley, Siobhan <hr/> 6 Contributor address; City; State; Zip Code Blanco, TX 78606-2607	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwell, Christine <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137-5404	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Candice <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659-7723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Kelsey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-2459	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basmadjian, Nareg <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006-2987	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/65 Rpt: 8/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Jefferson, TX 75657-2205	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam <hr/> Contributor address; City; State; Zip Code Vernon, TX 76384-3165	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/65 Rpt: 9/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beam, Adam <hr/> 6 Contributor address; City; State; Zip Code Vernon, TX 76384-6400	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, Elizabeth <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-9200	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belfiglio, Valentine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-2629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Stacey <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-4418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Kimberly <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-2142	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/65 Rpt: 10/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhakta, Samir <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260-4417	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhakta, Vimal <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-4232	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bidinotto, Andrew <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182-7521	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-1739	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Pamela <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498-2432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/65 Rpt: 11/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boudreaux, David <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75503-4657	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Bethany <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-8523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Judith <hr/> Contributor address; City; State; Zip Code Austin, TX 78765-4744	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bubis, Janet <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5424	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/65 Rpt: 12/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Kelly <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845-8913	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Tatiana <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-8121	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5560	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5560	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byerly, Angela <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7265	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/65 Rpt: 13/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Concan, TX 78838-0317	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, LaVonia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-4036	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capers, Willie <hr/> Contributor address; City; State; Zip Code Houston, TX 77014-2646	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers, Robert <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-1140	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carvajal, Charles <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78214-2606	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/65 Rpt: 14/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cauthon, Kimberly <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249-4625	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-6232	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesler, Adam <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-8518	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhadua, Raj <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-0051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ching, Rannon <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6067	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/65 Rpt: 15/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-8213	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbell, Zach <hr/> Contributor address; City; State; Zip Code Austin, TX 78730-3454	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coy, Carmen <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-0608	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruse, Brittney <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-6111	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daggett, Jacob <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-5401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/65 Rpt: 16/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dam, Vinh <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76008-2205	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498-2510	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davani, Saeid <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-7545	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Arjun <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-4011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Bradley <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-3151	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/65 Rpt: 17/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dembny, Christopher	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Rowlett, TX 75089-8689	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Patricia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76114-3116	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Will	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75219-4153	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Dana	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77096-1430	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozier, Dawn	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Pearland, TX 77584-7210	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/65 Rpt: 18/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Michelle <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77302-4721	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Patricia <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530-4559	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubose, David <hr/> Contributor address; City; State; Zip Code Livingston, TX 77351-9397	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duru, Valentine <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930-4710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmundson, Laura <hr/> Contributor address; City; State; Zip Code LUFKIN, TX 75904-4521	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/65 Rpt: 19/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehringer, Kari <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034-4732	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Robin <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-8417	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emfinger, Robert <hr/> Contributor address; City; State; Zip Code Kemp, TX 75143-0569	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esse, Tara <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015-8305	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Charles <hr/> Contributor address; City; State; Zip Code Tyler, TX 75707-3810	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/65 Rpt: 20/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Euers, Sharon <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739-1978	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Famili, Parsa <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-3642	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fat-Anthony, William <hr/> Contributor address; City; State; Zip Code Mission, TX 78574-1202	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Ricardo <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-1676	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Tamber <hr/> Contributor address; City; State; Zip Code Waco, TX 76708-5729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/65 Rpt: 21/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fix, Jennifer	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Burleson, TX 76028-6728		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogan, Dede	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Melissa, TX 75454-1402		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frasco, Andrew	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Plano, TX 75093-5412		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Candace	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75231-4836		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code San Benito, TX 78586-5006		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/65 Rpt: 22/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Omar <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602-3219	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garling, Kristin <hr/> Contributor address; City; State; Zip Code Paige, TX 78659-4313	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gartenhaus, Jane <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-2929	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaskill, Brian <hr/> Contributor address; City; State; Zip Code Tom Bean, TX 75489-0896	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Kevin <hr/> Contributor address; City; State; Zip Code Evant, TX 76525-7000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/65 Rpt: 23/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78736-1935	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Mark <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-3101	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginsburg, Diane <hr/> Contributor address; City; State; Zip Code Austin, TX 78712-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Cynthia <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-3602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goeders, Sarah <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701-7713	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/65 Rpt: 24/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Karen	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Temple, TX 76502-3854		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Karen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Temple, TX 76502-3854		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Romeo	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Alice, TX 78332-4220		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gourley, Derek	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Perryton, TX 79070-5324		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Erin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Willis, TX 77378-8827		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/65 Rpt: 25/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Holden <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070-7372	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Tammy <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3437	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greely, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7864	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Matthew <hr/> Contributor address; City; State; Zip Code Woodville, TX 75979-6217	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greutman, Morgan <hr/> Contributor address; City; State; Zip Code Paris, TX 75462-6623	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/65 Rpt: 26/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Sabrina <hr/> 6 Contributor address; City; State; Zip Code Kerrville, TX 78028-9640	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guckian, Sandra <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22308-2012	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunter, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6387	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurley, Patrick <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-6931	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guyer, Lucila <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247-5129	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/65 Rpt: 27/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakam, Amer	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Peoria, AZ 85383-6668		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammad, Eman	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Round Rock, TX 78681-2198		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Lee Ann	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Detroit, TX 75436-4500		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hao, Yun	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77045-2109		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin-Oliver, Carole	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Kingwood, TX 77345-3010		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/65 Rpt: 28/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Steven <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356-3725	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffley, Karen <hr/> Contributor address; City; State; Zip Code Whitesboro, TX 76273-8094	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heisser, Trent <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231-1408	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henneke, Judi <hr/> Contributor address; City; State; Zip Code Weimar, TX 78962-3680	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman, Frances <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070-3706	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/65 Rpt: 29/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Mary <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244-5288	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-5288	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinze, Holly <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobart, Christopher <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-6165	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffart, Ryan <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-3357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/65 Rpt: 30/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffart, Steven <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77354-4529	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Andrea <hr/> Contributor address; City; State; Zip Code Brashear, TX 75420-6913	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrna, Daniel <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957-2154	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Patricia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406-2041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michael <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586-2822	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/65 Rpt: 31/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hung, Leo <hr/> 6 Contributor address; City; State; Zip Code Pecos, TX 79772-6311	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, James <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-3218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icard, David <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301-4109	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivy, Delaney <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-8729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Cijo <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-7161	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/65 Rpt: 32/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jobby <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738-6387	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Emery <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-4659	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Alice <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2028	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Stephanie <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-8835	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2646	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/65 Rpt: 33/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-2646	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kainer, James <hr/> Contributor address; City; State; Zip Code East Bernard, TX 77435-9665	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamper, Jennifer <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-5856	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi, Sirisha <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-5985	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76131-2911	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/65 Rpt: 34/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> 6 Contributor address; City; State; Zip Code Saginaw, TX 76131-2911	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilson, Sandra <hr/> Contributor address; City; State; Zip Code Pipe Creek, TX 78063-0001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-8181	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-8181	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinschmidt, Anna <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947-4939	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/65 Rpt: 35/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knotts, Karen <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76207-1675	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koontz, Thomas <hr/> Contributor address; City; State; Zip Code Aurora, CO 80016-2895	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Larry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-1451	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuretich, Rachael <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6387	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtz, Rebecca <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-4881	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawani Naylor, Hanifath <hr/> 6 Contributor address; City; State; Zip Code Los Fresnos, TX 78566-7921	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-1639	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Hannah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2071	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, George <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-3226	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jo <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-3613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/65 Rpt: 37/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jung	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77062-2354		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Flower Mound, TX 75028-1466		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loesch, Jeffrey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Trophy Club, TX 76262-1570		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lott, Sara	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78757-3017		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loya, Amanda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code El Paso, TX 79938-5306		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/65 Rpt: 38/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Alexander <hr/> 6 Contributor address; City; State; Zip Code Luling, TX 78648-2317	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Michael <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852-6416	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusson, Aimee <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-5362	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Brittany <hr/> Contributor address; City; State; Zip Code Normangee, TX 77871-5324	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maize, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6318	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/65 Rpt: 39/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Gail	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78735-6378		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marwat-Khan, Sajidah	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78251-1733		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matson, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Victoria, TX 77904-3309		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauntel, Cherie-Anne	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Garden Ridge, TX 78266-2925		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Shari	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McKinney, TX 75071-3477		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/65 Rpt: 40/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Lee <hr/> 6 Contributor address; City; State; Zip Code Andrews, TX 79714-2602	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, Samantha <hr/> Contributor address; City; State; Zip Code Wolfforth, TX 79382-2854	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-4529	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/65 Rpt: 41/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-4529	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeeley, Terry <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-4468	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcanally, Bruce <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3211	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448-2536	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448-2536	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/65 Rpt: 42/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meigs, Wendy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77068-2061	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Karl <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-2575	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Cynthia <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87507-0856	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meynard, Tara <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054-1916	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mielke, Terry <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-1782	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/65 Rpt: 43/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millican, Jamie <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76108-6988	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Janis <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-4067	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Julie <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382-7781	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammadi, Nazley <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-7805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Joshua <hr/> Contributor address; City; State; Zip Code Tulia, TX 79088-2747	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/65 Rpt: 44/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moussallie, George <hr/> 6 Contributor address; City; State; Zip Code Edgewood, WA 98371-1408	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Michael <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-6262	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murhammer, Payal <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-3793	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musgrove, Melvin <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634-3945	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagarsheth, Kunal <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-4695	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/65 Rpt: 45/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nair, Mini <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249-3890	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nam, Gubeom <hr/> Contributor address; City; State; Zip Code Austin, TX 78729-1777	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, James <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-3094	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neale, Jeff <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586-1822	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ngo, Caroline <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-2301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/65 Rpt: 46/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christine <hr/> 6 Contributor address; City; State; Zip Code Little Elm, TX 75068-2958	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Darlene <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-4782	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Kim Thuy <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-3986	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Nhat <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-6001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Frank <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-6420	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/65 Rpt: 47/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Notturmo-Strong, Debra	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Tuscola, TX 79562-3435		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwosu, Tochi	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Richmond, TX 77469-5725		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Day, Michael	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015-4308		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Grady, Jennifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Portland, ME 04101-5367		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obrzut, Tom	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Keller, TX 76248-8747		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/65 Rpt: 48/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Krista <hr/> 6 Contributor address; City; State; Zip Code Kingwood, TX 77339-3744	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ouellette, Craig <hr/> Contributor address; City; State; Zip Code Wellington, TX 79095-5031	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Michele <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098-8216	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stephanie <hr/> Contributor address; City; State; Zip Code Borger, TX 79008-3282	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Chantelle <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545-2318	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/65 Rpt: 49/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Chantelle <hr/> 6 Contributor address; City; State; Zip Code Fresno, TX 77545-2318	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parra, Catherine <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-4148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paruszewski, Kevin <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-7815	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patry, Roland <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382-1753	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peavey, Carolyn <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345-1812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/65 Rpt: 50/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Abel <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78228-0468	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Tho <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054-6846	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre, Yvette <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75137-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinion, Glenda <hr/> Contributor address; City; State; Zip Code Wheeler, TX 79096-2416	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, John <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065-5561	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/65 Rpt: 51/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ploch, Stephen	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Montgomery, TX 77316-6878		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Westworth Village, TX 76114-4106		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Portillo, Salvador	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-4272		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Barry	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Linden, TX 75563-5627		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proffit, Jaelin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Kerrville, TX 78028-6405		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/65 Rpt: 52/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Punch, Anita <hr/> 6 Contributor address; City; State; Zip Code Addison, TX 75001-3165	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raia, Mary <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-1206	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramanathan, Meenakshi <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-8125	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Jay <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-1574	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayburn, Shawn <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503-6057	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/65 Rpt: 53/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay <hr/> Contributor address; City; State; Zip Code Prague, OK 74864-1501	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay <hr/> Contributor address; City; State; Zip Code Prague, OK 74864-1501	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridings-Myhra, Jennifer <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626-5611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/65 Rpt: 54/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinn, Kevin <hr/> 6 Contributor address; City; State; Zip Code Giddings, TX 78942-4304	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jose <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-5802	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Lauren <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250-4415	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Sara <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-3742	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Roel <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78542-7693	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/65 Rpt: 55/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Bruce <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77903-3670	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumsey, Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-1721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Sharon <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-5047	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushefsky, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-3924	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rust, Dennis <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-6327	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/65 Rpt: 56/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sacky, Carrie <hr/> 6 Contributor address; City; State; Zip Code Sunnyvale, TX 75182-2622	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Elvia <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-2200	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Melissa <hr/> Contributor address; City; State; Zip Code Paradise Valley, AZ 85253-3171	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraj, Nada <hr/> Contributor address; City; State; Zip Code Houston, TX 77094-1441	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kimberly <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-5300	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/65 Rpt: 57/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schauer, Nathan	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77019-4394		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schleigh, Thomas	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Kingwood, TX 77339-1591		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seagroves, Steven	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Montgomery, TX 77316-2470		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Kelly	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Denton, TX 76205-8408		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shimek, Kevin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code College Station, TX 77845-7091		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/65 Rpt: 58/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Andres	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Rio Grande City, TX 78582-6702		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Mariela	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Rio Grande City, TX 78582-6702		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeeler, William	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Austin, TX 78748-3065		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Richard	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Rockwall, TX 75087-1717		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Margarete	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sachse, TX 75048-4561		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/65 Rpt: 59/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Melanie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-3828	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Carlos <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539-4716	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonnenburg, Gary <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-7718	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staller, Joseph <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-2609	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Studdard, Ellie <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-3289	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/65 Rpt: 60/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swofford, Lark <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-7647	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbott, Sandra <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-4009	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204-2178	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204-2178	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Charles <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-7201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/65 Rpt: 61/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thakkar, Minal <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-5766	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-2358	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinajero, Noemi <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852-3395	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torok, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-2252	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torralba, Christine <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-3790	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/65 Rpt: 62/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Hang <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78726-1936	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyo, Risa <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-5562	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valadez, Robert <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-2828	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valencia, Rebeka <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251-4349	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van De Putte, Leticia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213-3331	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/65 Rpt: 63/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varkey, Alex <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-3751	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-4122	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogler, Joe <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-8020	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Julie <hr/> Contributor address; City; State; Zip Code Bentonville, AR 72713-3181	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waggener, Jeanne <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-3408	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/65 Rpt: 64/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Tamarah <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75036-1701	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-5027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Clifton <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-8520	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-2335	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Charlotte <hr/> Contributor address; City; State; Zip Code Tyler, TX 75710-1411	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/65 Rpt: 65/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welton-Arndt, Lauren <hr/> 6 Contributor address; City; State; Zip Code Addison, TX 75001-6333	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiesner, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78735-8948	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Loynecia <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-3285	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-6667	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Courtney <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757-8239	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/65 Rpt: 66/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, James <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-3908	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Skye <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-1133	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolff, Floyd <hr/> Contributor address; City; State; Zip Code Kenedy, TX 78119-4464	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Annie <hr/> Contributor address; City; State; Zip Code Houston, TX 77039-4120	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woo, May <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-2404	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/65 Rpt: 67/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Britney <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-5554	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wulfe, Steven <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-0131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt, Yankton <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714-8136	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, Min <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-0117	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yu, Frank <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-6932	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/65 Rpt: 68/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yzaguirre, Pedro	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Brownsville, TX 78521-8056		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachariah, Gina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Plano, TX 75075-0011		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaheer, Mohammad	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Friendswood, TX 77546-7912		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamutt, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78750-8535		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/3 Rpt: 69/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/06/2025	5 Corporation / Labor Organization name Allen Family Drug	6 Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Amarillo Diagnostic Clinic RX	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Aubrey Pharmacy	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Blount Pharmacy	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Bonham Family Drug	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Brookshire Grocery Pharmacy Corp Office	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name CANTU'S PHARMACY	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Catchings Prescriptions	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Community Pharmacy	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Consulting Matters, Inc	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name DWS Healthcare Consulting	Amount (\$) 50.00
Date 01/02/2025	Corporation / Labor Organization name Downtown Pharmacy	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Dripping Springs Pharmacy	Amount (\$) 50.00
Date 01/08/2025	Corporation / Labor Organization name Eagle Drug	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name FORT WORTH PHARMACY, LLC	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Family Pharmacy	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Family Pharmacy of Pottsboro	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Frontier Pharmacy of Kenedy Inc	Amount (\$) 50.00

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 2/3 Rpt: 70/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Corporation / Labor Organization name HEB Grocery Company	6 Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Harvest Drug & Gift	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Highland Drug Inc	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Hunter Pharmacy Services, Inc.	Amount (\$) 50.00
Date 01/09/2025	Corporation / Labor Organization name Hyland's Pharmacy	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Jacobs Family Pharmacy	Amount (\$) 50.00
Date 01/04/2025	Corporation / Labor Organization name Jm Rx Consulting, Inc	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name LLW CONSULTING	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Las Colinas Pharmacy	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	Amount (\$) 50.00
Date 01/08/2025	Corporation / Labor Organization name Linos Pharmacy	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name MABANK FAMILY PHARMACY	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Merkel Drug Co.	Amount (\$) 50.00
Date 01/02/2025	Corporation / Labor Organization name Mission Plaza Pharmacy	Amount (\$) 50.00

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 3/3 Rpt: 71/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2025	5 Corporation / Labor Organization name Nelson Pharmacy	6 Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Paragon Healthcare Inc.	Amount (\$) 50.00
Date 01/22/2025	Corporation / Labor Organization name Paris Apothecary	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Parker's City Pharmacy	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Pavilion Pharmacy, Inc	Amount (\$) 50.00
Date 01/10/2025	Corporation / Labor Organization name Porter Drug	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Prescription Shop	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name RICHARD'S PHARMACY	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Randol Mill Pharmacy	Amount (\$) 50.00
Date 01/06/2025	Corporation / Labor Organization name S&R Drug Co.	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name Tanglewood Pharmacy	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name Tarrytown Pharmacy	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name The Med-Shop Pharmacy	Amount (\$) 50.00
Date 12/31/2024	Corporation / Labor Organization name The Medicine Shoppe Pharmacy	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name The Medicine Shoppe Pharmacy	Amount (\$) 50.00
Date 01/15/2025	Corporation / Labor Organization name The Prescription Shop	Amount (\$) 50.00
Date 01/03/2025	Corporation / Labor Organization name The Woodlands Compounding Pharmacy	Amount (\$) 50.00

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 72/72
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/31/2024	5 Corporation / Labor Organization name Texas Pharmacy Association	6 Amount (\$) 1,600.00