

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015658	2 Total pages filed: 87				
3 COMMITTEE NAME Texas Medical Association Political Action Committee			<b>OFFICE USE ONLY</b>				
			Date Received ELECTRONICALLY FILED 02/05/2025				
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St.  Austin, TX 78701		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Mr.	Clayton					
	NICKNAME	LAST	SUFFIX				
		Stewart					
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street  Austin, TX 78701						
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street  Austin, TX 78701						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	370-1365					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input 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		

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 46.59
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 83,069.87
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 6,904.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 214,095.11
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Mr. Clayton Stewart  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Medical Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015658
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 55,736.65
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	\$ 3,382.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 23,951.22
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,904.00
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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/79 Rpt: 4/87
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Joyce J. ..... 6 Contributor address; City; State; Zip Code  Rockwall, TX 75032-8930	7 Amount of Contribution (\$)  \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achari, Madhureeta ..... Contributor address; City; State; Zip Code  Houston, TX 77007-1414	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Daniel ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-2631	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abdominal Specialists of South Texas, LLP
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agostini, Anthony Joseph ..... Contributor address; City; State; Zip Code  Amarillo, TX 79109-3519	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Nuzhat F. ..... Contributor address; City; State; Zip Code  Allen, TX 75013-5333	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Centennial Primary Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/79 Rpt: 5/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Akinjaiyeju, Akintoluwa Anthony <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79922-1912	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Northeast Cornerstone Pediatrics
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aleman, Micaela <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-1805	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Urology
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ali, Basit Bob <hr/> Contributor address; City; State; Zip Code  Irving, TX 75062-6592	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wound Healing & Hyperbaric
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Bohn D. <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012-2727	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alliance Family Medicine PA <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252-5734	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/79 Rpt: 6/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allmon, Brent Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77316-1417	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Woodlands Family Medicine
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarez, Belem <hr/> Contributor address; City; State; Zip Code  Rancho Viejo, TX 78575-9634	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amede, Francis J. <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539-2527	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Susan Garza <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-7814	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anthony, Kent <hr/> Contributor address; City; State; Zip Code  League City, TX 77573-4211	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/79 Rpt: 7/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armour, Alexander Woolf <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79119-6606	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arora, Gaurav <hr/> Contributor address; City; State; Zip Code  Denton, TX 76201-5145	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Digestive Care
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Assadourian, Assadour K. <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79124-1328	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkisson, Debra <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087-2806	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baden, Ronald R. <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546-5533	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ronald R. Baden, MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/79 Rpt: 8/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bahrani, Ali A. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013-5617	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Quality Care Internal Medicine & Medspa
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Susan Rudd <hr/> Contributor address; City; State; Zip Code  Benbrook, TX 76132-1066	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Worth Allergy & Asthma Associates
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bancroft, Gregory N. <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-1293	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Bancroft Center for Plastic and Reconstructive
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Frank L. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-5905	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Frank L. Barnes, MD
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartos, Justin V. <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022-7250	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical City Family Medicine



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/79 Rpt: 9/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bass, Shoba <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colleyville, TX 76034-5577	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baum, Alan C. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057-2136	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bauman, Wendall C. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-3832	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retina Institute of South Texas, P.A.
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berger, Joseph Richard <hr/> Contributor address; City; State; Zip Code  Fairfield, TX 75840-5193	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Freestone Medical Center
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bhuchar, Subodh Kumar <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-3909	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sugarland Med Ped Clinic, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/79 Rpt: 10/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bietry, Raymond Emile <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78705-1014	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Seton Heart Specialty Care & Transplant Ctr
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bishop, Clayton <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552-0134	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Associates of Corpus Christi
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bizzell, Skylar K. <hr/> Contributor address; City; State; Zip Code  Clifton, TX 76634-3425	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Goodall-Witcher Hospital Foundation
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Alison Adams <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205-3039	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blanchard, Lawrence D. <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76003-0129	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/79 Rpt: 11/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blue, Susan K. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Azle, TX 76020-5534	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Neurological Services of Texas, PA
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA <hr/> Contributor address; City; State; Zip Code  Houston, TX 77054-1972	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA <hr/> Contributor address; City; State; Zip Code  Houston, TX 77054-1972	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA <hr/> Contributor address; City; State; Zip Code  Houston, TX 77054-1972	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA <hr/> Contributor address; City; State; Zip Code  Houston, TX 77054-1972	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/79 Rpt: 12/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054-1972		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77054-1972		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77054-1972		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77054-1972		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77054-1972		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/79 Rpt: 13/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054-1972		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bootin and Savrick Pediatric Associates, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77054-1972		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bourgeois, Keith A.	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Houston, TX 77005-3931		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Downtown Eye Associates
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowers, Angela G.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Roanoke, TX 76262-5915		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southlake Dermatology
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowman, May L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78746-1421		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/79 Rpt: 14/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boyd, Albert O.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054-7208	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brabham, David	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79106-2512	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Dale J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Gladewater, TX 75647-5211	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Bradley Clinics of Texas
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Branch, John William	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613-7861	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Vision
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Breech, Donald Wayne	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Victoria, TX 77903-5221	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Donald W Breech MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/79 Rpt: 15/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brehm, David W. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-7681	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Brehm Medical Center
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bright, Kevin Edward <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79922-2914	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southwest Ear Nose and Throat Consultants, PA
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brough, Jonathan R. <hr/> Contributor address; City; State; Zip Code  Emory, TX 75440-7084	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Women's Health Specialist of Dallas PA
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, David W. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3838	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Community Clinical Research (David Brown MD)
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, James McFarley <hr/> Contributor address; City; State; Zip Code  Spurger, TX 77660-0175	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) James W. Brown, MD, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/79 Rpt: 16/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Kelly Rochelle	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78015-5190		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown-Nembhard, Tonya Renee	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code  Beaumont, TX 77706-3021		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Beaumont Pediatric Center PLLC
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown-Price, Tonya M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Missouri City, TX 77459-6576		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TCP - Midtown
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Michael Gerard	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Mineral Wells, TX 76067-8462		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Palo Pinto General Hospital
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruck, Susan Quave	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code  Dallas, TX 75231-2502		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/79 Rpt: 17/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryarly, Julia Claire <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75208-3645	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) UT Southwestern Medical Center
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buch, Richard George <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-5844	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Dallas Limb Restoration Center
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buja, L. Maximilian <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-4328	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Pathology & Laboratory Medicine
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burkes, William L. <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76904-1701	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shannon Clinic
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burleson, James Ray <hr/> Contributor address; City; State; Zip Code  Snyder, TX 79550-1401	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) D M Cogdell Memorial Hospital

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/79 Rpt: 18/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Busuego, Robert Solis	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75904-7448		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bywaters, Daniel Wilson	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Athens, TX 75751-9022		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, John Curran	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Longview, TX 75605-7731		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Ricardo	Amount of Contribution (\$) \$798.00
Contributor address; City; State; Zip Code  McAllen, TX 78501-1788		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canterbury, Christine Leigh	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-2537		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Christi Women's Clinic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/79 Rpt: 19/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canterbury, Christine Leigh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-2537	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Corpus Christi Women's Clinic
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capik, Pamela K. <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017-3524	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) VA North Texas Health Care
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501-3735	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlos H Orces MD PA <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041-3988	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlson, David William <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-3750	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David Carlson, MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/79 Rpt: 20/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlyle, David C.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77380-1319	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) First Choice Emergency Room
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carpio, Miguel Agustin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501-3658	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carroll, Michael Lindsey	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75217-7374	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Central Texas Neurological Assciation	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Woodway, TX 76712	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chang, Phyllis Clara	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Bryan, TX 77802-2547	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Digestive Disease Assoc, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/79 Rpt: 21/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Amy Marie	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681-2247		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Womens Health Domain
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chike-Obi, Chuma J.	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code  Austin, TX 78704-2038		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Office of Dr. Chuma J. Chike-Obi
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiu, Melody	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Richardson, TX 75080-2729		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowdhury, Shweta	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75209-6236		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris G. Yiantsou, MD PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Bedford, TX 76022-6996		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 19/79 Rpt: 22/87
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chun, Christopher Sung Jin	7 Amount of Contribution (\$)  \$208.34
	6 Contributor address; City; State; Zip Code  Dallas, TX 75244-7446	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Epic Pain and Orthopedics
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chung, Wendy M.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205-2054	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ciavaglia Brown, Addison L.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  League City, TX 77573-6462	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Clear Lake Medical Group - Webster
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clara H. Henry, MD, PA	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Denton, TX 76210-7212	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clayton, Gary Randall	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Lumberton, TX 77657-7137	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gary R Clayton MD PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/79 Rpt: 23/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coastal Bend Family Medicine, PA <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-4778	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Lester B. <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701-2901	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CHRISTUS Trinity Clinic - Neurology
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connell, Stuart M. <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904-2815	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Citizens Medical Center
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Christopher Ryan <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-1601	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coopwood, Joseph B. <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802-1478	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Surgicalist of TX PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/79 Rpt: 24/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottingham, John T.	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Kemah, TX 77565-2920		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Premier Healthcare
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Guy Lee	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Frisco, TX 75034-5128		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bent Tree Family Physicians, PA
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dang, Matthew K.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77479-6785		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Richard Hartman	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75225-7102		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danner, Carrie A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78732-2063		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 22/79 Rpt: 25/87
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, N. Alan	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code  Fort Worth, TX 76107-1613	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Health Care, P.L.L.C
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David E. Pearce, M.D., P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Gustavo Horacio	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75214-4032	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gustavo H Day, MD, PA
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeJean, Baptiste John	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77316-1627	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Avery Eye Clinic
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, William L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-7026	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Eye Institute

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/79 Rpt: 26/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deshpande, Pratibha Amol	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75904-5388		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diagnostic Clinic of Longview, PA	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Longview, TX 75605-2410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diaz, Andrew	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76116-9411		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Graham Regional Medical Center
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dicpinigaitis, Paul A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  League City, TX 77573-7236		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB Health Orthopedics
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diego Rivera, M.D.P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Lubbock, TX 79415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/79 Rpt: 27/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dirk, Adrian Marie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Oglesby, TX 76561-2057	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dixon, Heather A. <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414-4431	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Coastal Bend Women's Center
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donahue, David J. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-3130	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Childrens
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donna Jordan D.O., P.A. <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dossa, Avafia Yawovi <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-4904	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Eagle Ranch Family Health Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 25/79 Rpt: 28/87
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dossett, Lucy McCauley	7 Amount of Contribution (\$) \$16.50
	6 Contributor address; City; State; Zip Code  Roanoke, TX 76262-0619	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duffy, Frederick Joseph	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75201-1539	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Plastic Surgery Associates
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duke, Richard Lawrence	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762-5004	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eden, Billy M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76126-2035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eggleston, Kirk Wayne	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Belton, TX 76513-5337	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Darnall Army Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/79 Rpt: 29/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Christopher James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502-7904	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 01/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsa S. Mendoza, MD PA <hr/> <b>Contributor address; City; State; Zip Code</b>  Brownsville, TX 78521-2482	<b>Amount of Contribution (\$)</b>  \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b> 		<b>Employer (See Instructions)</b> 
<b>Date</b> 01/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmanuel Edmund Sackey MD, PA <hr/> <b>Contributor address; City; State; Zip Code</b>  Ennis, TX 75119-5771	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> 		<b>Employer (See Instructions)</b> 
<b>Date</b> 12/31/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) English, George William <hr/> <b>Contributor address; City; State; Zip Code</b>  Texarkana, TX 75503-1106	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Pathology Services of Texarkana, LLP
<b>Date</b> 01/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Ann <hr/> <b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76112-3971	<b>Amount of Contribution (\$)</b>  \$55.00
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/79 Rpt: 30/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobedo, Diana <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936-3390	<b>7</b> Amount of Contribution (\$)  \$16.50
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Diana Escobedo MD PA
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Espina, Eisen J. <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-5304	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) WellMed @ Greenwood
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esquivel, Sandra <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596-9411	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valley Care Clinics
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Carolyn A. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287-4911	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Pediatric Assoc.
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Charles Alexander <hr/> Contributor address; City; State; Zip Code  Ashland, OR 97520-3512	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/79 Rpt: 31/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagadau, Warren Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205-3138	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Fagadau, Hawk, & Swanson, LLP
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Family Wellness Center, PA <hr/> Contributor address; City; State; Zip Code  Marble Falls, TX 78654-4324	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) 
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Laura G. <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-0112	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hospice of East Texas
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Field, James Alexander <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77381-6644	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Surgical Group of the Woodlands
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fiesinger, Troy T. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096-3910	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Medical

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 29/79 Rpt: 32/87
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finger, Laura Scheall	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code  Denton, TX 76208-5155	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Caring for Women
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Ray M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Houston, TX 77007-7030	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Gary W.	Amount of Contribution (\$) \$625.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78418-6301	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fountain, Dyanna Marie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Killeen, TX 76542-5775	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott White Clinic-Killeen Branch
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frame, Donald C.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Conroe, TX 77304-3566	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/79 Rpt: 33/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Francis, Mark D.	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77388-5803		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Mark D. Francis MD
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friedman, Paul Ace	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Temple, TX 76502-3974		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Alejandro	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  McAllen, TX 78504-1719		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid Valley Family Practice Associates
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gangi, Sumana	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75230-3435		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southern Endocrinology & Diabetes Associates PA
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Samuel T.	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  McAllen, TX 78501-9436		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/79 Rpt: 34/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garrett, Christopher W. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-3283	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Aimee C. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252-5441	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Center for Neurology and Neurophysiology, PA
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Sarah Noranne <hr/> Contributor address; City; State; Zip Code  SMITHVILLE, TX 78957-1738	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Skin Physicians
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Genzel, Robert Bruce <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-4025	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) George Madjitey, M.D. PA <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-8941	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/79 Rpt: 35/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) George, Jennifer Rachel	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Paramus, NJ 07652-5543		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerteisen, Martha F.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Pearland, TX 77584-6749		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Primary Care Group - Pearland
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Bruce A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78404-2212		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abdominal Specialists of South Texas, LLP
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giesler, Caitlin M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78746-5629		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilmer, William S.	Amount of Contribution (\$) \$212.50
Contributor address; City; State; Zip Code  Houston, TX 77005-2613		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) William S. Gilmer, MD, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/79 Rpt: 36/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giuffrida, Denise J.	<b>7</b> Amount of Contribution (\$) \$99.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77063-5105	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Juan Pablo	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504-5631	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valley Intensivists, Pulmonologists, and Sleep Spe
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Craig S.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-5110	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Govina, Tombra	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78257-2662	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Peterson Medical Associates, PLLC
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gowda, Jeevan C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566-4509	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/79 Rpt: 37/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Kevin D.	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Whitehouse, TX 75791-5241		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) CHRISTUS Trinity Clinic - Gastroenterology
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Wayne D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Harlingen, TX 78553-4239		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wayne D. Green, M.D., P.A.
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grey, Curtis Eric	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4333		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gunn, Nadege T.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Waco, TX 76710-1023		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gunning, Thomas Charner	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75214-3746		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/79 Rpt: 38/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gwosdz-Gilman, Elaine Marie	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130-8103		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Barbara M.	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Mc Gregor, TX 76657-3771		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hansen, Robert H.	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Georgetown, TX 78628-2708		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Medical Group
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harden, Samuel James	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Denver City, TX 79323-3723		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Yoakum County Hospital
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harlingen Pediatrics Associates	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Harlingen, TX 78550-7430		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/79 Rpt: 39/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Barbara	<b>7</b> Amount of Contribution (\$) \$55.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056-4185		
<b>8</b> Principal occupation / Job title (See Instructions) Administrative		<b>9</b> Employer (See Instructions) Harris M. Hauser, MD, PA
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausner, Richard J.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77024-5646		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Pathology & Laboratory Medicine
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawksworth, Shane Alexander	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  El Paso, TX 79912-7514		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) William Beaumont Army Medical Center-Hos
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayward, Tamara L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76110-2524		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Worth Pediatrics, PA
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heberton, George Arant	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75226-1301		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Consultants of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/79 Rpt: 40/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heinrich, Michael S.	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212-2513		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Anesthesia Scheduling, Inc.
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hellemn, Michael E.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Plano, TX 75075-7363		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amazing Health Partners
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henkes, David Norman	Amount of Contribution (\$) \$625.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209-2221		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pathology Reference Laboratory, LLC
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hermann, Heinz J.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77062-2341		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) High Plains Rehabilitation Association	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Amarillo, TX 79110-3037		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/79 Rpt: 41/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Bradford W. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76712-7565	<b>7</b> Amount of Contribution (\$)  \$208.34
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holt, Olayinka Omowunmi <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045-6873	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BETHSAIDANEPHROLOGY AND INTERNAL MEDICINE PLLC
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houck, Michael W. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-6635	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) House, Michael Allen <hr/> Contributor address; City; State; Zip Code  Krum, TX 76249-6805	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OrthoTexas
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudman, Eugene Victor <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-5527	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abilene Physician Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/79 Rpt: 42/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hulen, Han Pham <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225-4624	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Wound Evolution
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Humphreys, James Loyd <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023-4492	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hussein, Ali <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77385-2289	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Hermann Medical Group - Hospitalists
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutton, Jill C. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-2409	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hormonal Well-Being PLLC
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Isaacson, Terah C. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-7753	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/79 Rpt: 43/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Richard Alan	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092-9501		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacob, Katherine N.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Redlands, CA 92373-4314		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobson, Leah Hanselka	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209-3302		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Personal Pediatrics by Leah Jacobson, MD
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jafarnia, K. Korsh	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77024-5720		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Orthopedics & Sports Medicine -
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James William Huston, MD PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Midland, TX 79707-1402		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/79 Rpt: 44/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John Jack Mauldin Thomas MD PA <hr/> <b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75404	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John K Griswell, M.D., P.A. <hr/> Contributor address; City; State; Zip Code  Keene, TX 76059-0032	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John T. Gill, MD PA <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Charles A. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6203	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Eye Institute
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Kevin Bruce <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067-1701	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/79 Rpt: 45/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Shalita M.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75218-4503	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Baylor Scott & White Hospital Medicine - Dallas
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jumper, Cynthia Ann	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79424-5001	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kamphaus, John Nichalos	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75254-7954	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Geode Health
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kazigo, Nakizito	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75244-5071	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keeven, Nicholas	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75201-1636	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/79 Rpt: 46/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerber, Irwin Joseph	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-7562		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) UT Southwestern Medical Center
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, David Tyler	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code  Laredo, TX 78045-7174		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kochan, Carrie	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code  Cresson, TX 76035-4613		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kothapalli, Srinivasa R.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Nederland, TX 77627-5606		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Srinivasa Rao, MD & Nidal Buheis, MD
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kouyoumjian, Adam L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Frisco, TX 75034-2176		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OrthoTexas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/79 Rpt: 47/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kratzer, Wendy	<b>7</b> Amount of Contribution (\$) \$55.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-2321		
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Russell W. H.	Amount of Contribution (\$) \$3,750.00
Contributor address; City; State; Zip Code  Houston, TX 77005-2204		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Facial Plastic Surgery Associates
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Russell W. H.	Amount of Contribution (\$) \$625.00
Contributor address; City; State; Zip Code  Houston, TX 77005-2204		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Facial Plastic Surgery Associates
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krusleski, David W.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77479-6266		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Spring Branch Community Health Center
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Iresh	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Plano, TX 75093-1906		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Physicians Group, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/79 Rpt: 48/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuriachan, Vipin P. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75056-5859	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kurra, Usha R. <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765-8914	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permian Women's Center
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lackamp, Robert Jon <hr/> Contributor address; City; State; Zip Code  Saint Joseph, MO 64506-4025	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lakewood Orthopedics and Sports Medicine, PA <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75218-3702	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langdon, Robert W. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-5032	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/79 Rpt: 49/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lange, Richard Allen <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79905-2827	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Texas Tech Univ-El Paso
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Chevy Chu <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501-1106	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lenz, Paul Albert <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520-8675	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Les T. Sandknop, DO PA <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032-6662	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lin, Ellen W. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212-1781	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Advanced Spine and Pain Ctr

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/79 Rpt: 50/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lister, Bradley Arthur <hr/> <b>6</b> Contributor address; City; State; Zip Code  Borger, TX 79007-8504	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Golden Plains Community Hospital
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Humberto <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-2962	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Humberto Lopez, MD PA
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Humberto <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75234-7845	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Majors, Michael James <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624-2912	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Michael James Majors MD PA
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mann, Cheri L. <hr/> Contributor address; City; State; Zip Code  Blue Ridge, TX 75424-4430	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Primary Health Physicians PA DBA Carenow

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/79 Rpt: 51/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mannel, George Sterling <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155-0993	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 01/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquart, Precious J. <hr/> <b>Contributor address; City; State; Zip Code</b>  Burleson, TX 76028-6683	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 12/31/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez-Menendez, Carlos J. <hr/> <b>Contributor address; City; State; Zip Code</b>  Harlingen, TX 78550-7815	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 12/31/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maruska, Matthew C. <hr/> <b>Contributor address; City; State; Zip Code</b>  Stephenville, TX 76401-6826	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> University Health Center At Tarleton State Unvers
<b>Date</b> 01/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massingill, George Sealy <hr/> <b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76109-2758	<b>Amount of Contribution (\$)</b>  \$750.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/79 Rpt: 52/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masters, Patrick Allen <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230-5856	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Gastroenterology Consultants of San Antonio-Medica
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthew Q. Pompeo, MD PA <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75220	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maurer, Sue <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-3824	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElya, Martin G. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-7703	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Neighborhood Medical Center
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGaugh, Ron Clay <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633-5613	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cedar Park Physician Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/79 Rpt: 53/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGlynn, Edward Hugh	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Los Fresnos, TX 78566-4483		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGrath Cossmetic Surgery, APA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Self Employed
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKane, Brice W.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Southlake, TX 76092-3419		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Texas Plastic Surgery Associates
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKeever, Bridget H.	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1636		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
TMAA President 2011-2012		Business Owner
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McMenemy, Scott D.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77479-5538		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/79 Rpt: 54/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mehta, Nilay V. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79106-2109	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) High Plains Radiological Association, LLP
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mehta, Sejal S. <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013-5336	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Psychiatric Medical Associates, PA
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercado, Jairo Luis <hr/> Contributor address; City; State; Zip Code  Rancho Viejo, TX 78575-9844	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) M & M Pediatrics, PLLC
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercado-Marmarosh, Diana M. <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904-1109	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Jackson County Hospital District
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Wilfred Dean <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2141	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/79 Rpt: 55/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mirza, Sarah Noreen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225-2308	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Fagadau, Hawk, & Swanson, LLP
<b>Date</b> 01/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mohney, John L. <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77098-2420	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 01/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molina, Martin C. <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78730-3593	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Texas Family Physicians at River Place
<b>Date</b> 01/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monday, Kimberly E. <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77005-3318	<b>Amount of Contribution (\$)</b>  \$208.34
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> UTMSH - Dept of Neurology
<b>Date</b> 01/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monheit, Jacqueline G. <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77096-1245	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/79 Rpt: 56/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moninger, George Allen	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019-4171		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Russell Richard	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  El Paso, TX 79902-2006		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Movva, Anand Babu	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Bridge City, TX 77611-2847		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dr. Anand B. Movva MD PA
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Gerard Joseph	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Avon, CT 06001-3924		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Edinburg Medical Center Inc
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, James F.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77478-3966		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/79 Rpt: 57/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mussett, Raymond Philip <hr/> <b>6</b> Contributor address; City; State; Zip Code  Roma, TX 78584-0717	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Roma Medical Clinic
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muttineni, Jyotsna <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-3435	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Menssana Psychiatry
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Naismith, Robert Alan <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1610	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Christi Urology Group
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Najera, Raul Abel <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936-3916	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nemeth, Ira R. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-2403	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Emergency Medicine

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/79 Rpt: 58/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niedermeier, Steven <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grapevine, TX 76051-2694	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nirmal S Bual MD PA <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429-4697	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) 
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noel, Richard L. <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379-1462	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alternative Services Network
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noriega, Sandra Ivonne <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414-2671	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Coastal Bend Women's Center
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norrell, Stacy L. <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77355-1836	Amount of Contribution (\$)  \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Noble Anesthesia Partners

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/79 Rpt: 59/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ommani, Sophia Josefina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414-2794	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Coastal Bend Women's Center
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ong, Bryan A. <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-1456	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortiz, Maria de Jesus <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504-2745	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pathology Associates of South Texas
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Osio, Armando <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504-1746	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) WellMed Medical Management, Inc.
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palombo, David A. <hr/> Contributor address; City; State; Zip Code  Orange, TX 77630-1407	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/79 Rpt: 60/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parkey, James Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Henrietta, TX 76365-6310	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearse, Lee Ann <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75244-7703	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Cardiologists of N TX
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, David M. <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79124-3906	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Health Science Center
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peckham, Russell M. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750-2560	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dermatology Partners - Central Texas
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedersen, Craig S. <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-2742	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christus Spohn Hospital Shoreline

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/79 Rpt: 61/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pham, Tony A. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030-1118	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Tony A Pham MD PA
<b>Date</b> 01/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pizarro, Maria <hr/> <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78468-8848	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Coastal Bend Women's Center
<b>Date</b> 01/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poindexter, David P. <hr/> <b>Contributor address; City; State; Zip Code</b>  Humble, TX 77347-0876	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> David P. Poindexter, MD
<b>Date</b> 12/28/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollitt, Amanda Leigh <hr/> <b>Contributor address; City; State; Zip Code</b>  San Angelo, TX 76904-3696	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 01/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Dean P. <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77056-2319	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Texas Eye Institute

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 59/79 Rpt: 62/87
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potti, Aruna K.	7 Amount of Contribution (\$)  \$99.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75244-7516	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quan, Lawrence	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Trinity, TX 75862-2672	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lawrence Quan, MD PA
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qureshi, Hammad A.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Tomball, TX 77375-3080	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Creekside Family Practice
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radiologists, P.A.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Fort Smith, AR 72913-3887	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radusky, Ross Charles	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230-1834	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Treatment & Research Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/79 Rpt: 63/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raetzsch, Thomas Hays <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155-3219	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raja, Pillarisetty Guru <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765-8914	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permian Women's Center
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ransdell, Brian L. <hr/> Contributor address; City; State; Zip Code  Spicewood, TX 78669-2631	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rao, Rajani Ravishankar <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75401-7852	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rao, Vivek U. <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765-8947	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/79 Rpt: 64/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reaves, Larry E.	<b>7</b> Amount of Contribution (\$) \$300.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1211		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Cook Children's Physician Network
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rebal, Mia	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code  Austin, TX 78746-2335		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reiersen, David Arnold	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  El Paso, TX 79902-5008		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southwest Ear Nose and Throat Consultants, PA
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richardson, Blakely S.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Austin, TX 78703-1909		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Revelus Dermatology
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ritter, Robert Houston	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Amarillo, TX 79119-4970		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amarillo Urology Associates



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/79 Rpt: 65/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Juan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572-3110	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Valley Pulmonary Specialists, PA
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodgers, George P. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-2950	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Texas Cardiovascular
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Sarah Chance <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504-9771	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez Silva, Cindy Marielena <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78463-3806	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Christi Rheumatology Clinic
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romeo F. Montalvo, Jr., M.D., P.A. <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520-7590	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/79 Rpt: 66/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ronaldo D. Factoriza, MD PA <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78521-2482	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ronelle Burley, M.D, P.A. <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79410	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rozen, Shai M. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204-3988	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rozo, Juan C. <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77384-5501	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist DeBakey Cardiology Associates
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rurangirwa, Hellen <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78526-4066	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/79 Rpt: 67/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Jorge <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596-9602	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Jorge Saenz, MDPA
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salazar, Robert A. <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494-2018	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Katy Pulmonary Associates, PA
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santiago-Plaud, Aralis <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-5657	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Satitpunwaycha, Pon <hr/> Contributor address; City; State; Zip Code  Clyde Hill, WA 98004-3212	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Savita Koolwal MD PA <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577-5346	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/79 Rpt: 68/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sawyer, Emy Lou <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-4736	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Stacey A. <hr/> Contributor address; City; State; Zip Code  Ketchikan, AK 99901-4363	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seidenfeld, Steven Meredith <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201-1523	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seth, Suresh Chandra <hr/> Contributor address; City; State; Zip Code  Eagle Pass, TX 78852-4113	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Severson, Megan N. <hr/> Contributor address; City; State; Zip Code  Spring, TX 77380-2258	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine/Texas Children

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/79 Rpt: 69/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shamburger, Amber D. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546-3566	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shanklin, Christopher L. <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423-1985	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelton, Mark M. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-1022	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sierra-Hoffman, Miguel <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77901	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Infectious Disease & Pulmonary Consultants, PLLC
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simon, Terry L. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-1167	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/79 Rpt: 70/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simonson, Robert Barkley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Duncanville, TX 75137-3736	<b>7</b> Amount of Contribution (\$) \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singh, Raghujit <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1409	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abdominal Specialists of South Texas, LLP
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Hobert Lee <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572-7415	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family Practice Center McAllen
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kareen J. <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459-5160	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smythe, Barbara A. <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-4209	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/79 Rpt: 71/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soares, Jair C. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-2187	<b>7</b> Amount of Contribution (\$) \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) UTMSH - Dept of Psychiatry & Behavioral Sciences
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sohner, Marie T. <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379-8502	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tomball Women's Health Care Center
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Solis, Jaicus <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76904-9002	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shannon Clinic
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Solis, Roberto Enrique <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423-1929	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiologists of Lubbock, PA
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Southeast Texas Internal Medicine, P.A. <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77720-0477	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/79 Rpt: 72/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spencer, Nicholas R.	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78730-1492	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Austin Maternal Fetal Medicine
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sprueil, Ramano Alvarez	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75206-6623	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spuhler, Wanda	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Friendswood, TX 77546-5918	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Spuhler Medical Associates
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spurgin, Emily Cunningham	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75229-2921	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stalcup, Obie Lee	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79416-5607	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/79 Rpt: 73/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stark, Amy Leigh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79119-5042	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 01/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steven P Ash, M.D., P.A. <hr/> <b>Contributor address; City; State; Zip Code</b>  Grapevine, TX 76051	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> 
<b>Date</b> 01/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strobel, Gennell DeAn <hr/> <b>Contributor address; City; State; Zip Code</b>  Sherman, TX 75090-5000	<b>Amount of Contribution (\$)</b>  \$16.50
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> G. Dean Strobel, MD PA
<b>Date</b> 01/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tannas, Henri <hr/> <b>Contributor address; City; State; Zip Code</b>  Grapevine, TX 76051-3575	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Baylor Scott & White Grapevine
<b>Date</b> 01/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tausend, William E. <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77059-5013	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Bayshore Dermatology Clinic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 71/79 Rpt: 74/87
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tavel, Linda L.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77096-1114	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Bristol Hospice
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Hill Country Orthopaedics & Sports Medicine PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas Jacob, Jenny	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78681-3900	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Veterans HCS
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tilton, Josiah Batchelder	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Midland, TX 79707-2232	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toler, Kathy A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Dallas, TX 75201-1520	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/79 Rpt: 75/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-2105	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Premier Internal Medicine Assoc PA
<b>Date</b> 01/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Hoa H. <hr/> <b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79424-7358	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 01/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Beth A. <hr/> <b>Contributor address; City; State; Zip Code</b>  Laredo, TX 78041-2017	<b>Amount of Contribution (\$)</b>  \$30.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Gateway Community Health Center, Inc.
<b>Date</b> 01/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trujillo, Mauricio Javier <hr/> <b>Contributor address; City; State; Zip Code</b>  Greenville, TX 75401-7852	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Emergency Medicine Consultants, Ltd.
<b>Date</b> 01/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Truong, Thao Minh <hr/> <b>Contributor address; City; State; Zip Code</b>  Port Lavaca, TX 77979-0087	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Memorial Medical Clinic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/79 Rpt: 76/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, William Fulton	<b>7</b> Amount of Contribution (\$) \$99.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75243-3724	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Texas Joint Institute
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tummala, Pratap Reddy	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Sherman, TX 75090-1779	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukoli, Preston M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Brownsville, TX 78526-1863	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ukoli Care Clinic, PA
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urquia, Karina J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Lufkin, TX 75904-4375	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Angelina Family Medicine, PA
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega, Rolando Eriel	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-4938	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Coastal Bend Women's Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/79 Rpt: 77/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vellucci, Julian A. <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79904-2421	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vigo, Paul G. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739-1938	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy & Asthma Consultants
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vijjeswarapu, Daniel V. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253-6283	Amount of Contribution (\$)  \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CentroMed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, E. Linda <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541-4651	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace, John David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-7655	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/79 Rpt: 78/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waller, Thomas Allen	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093-7792		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Cardiovascular Consultants of North Texas
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Lisa E.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Houston, TX 77018-5232		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kelsey-Seybold Clinic
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Tyler	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Lubbock, TX 79407-3595		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UMC Physicians
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Thomas Alonzo	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  McKinney, TX 75071-1425		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acute Surgical Care Specialists
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westbrook, Benjamin James	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code  El Paso, TX 79902-5008		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Head and Neck Surgery

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/79 Rpt: 79/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitworth, Mary Suzanne	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76033-6101		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Cook Children's Physicians Network
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wieland, Pamela M M	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Rockwall, TX 75032-2009		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lake Pointe Pediatrics
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilcox, Moses E.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77044-2084		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Moses E Wilcox Sr., MD PA
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, Maurice G.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Shiner, TX 77984-0805		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fayette-Lavaca Family Medical Clinic
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) William E Prater, M.D, P.A	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Breckenridge, TX 76424		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/79 Rpt: 80/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Arthur L.	<b>7</b> Amount of Contribution (\$)  \$99.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77070-3305	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Betty J.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Huntsville, TX 77320-1517	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Paul Brian	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Longview, TX 75605-7706	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winston, Barry D.	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Spring, TX 77380-3912	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wittpenn, Gregory Paul	Amount of Contribution (\$)  \$99.00
	Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-2269	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) New Horizons Plastic Surgery



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/79 Rpt: 81/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wollaston, Dianne E. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77270-0885	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Memorial Advanced Rheumatology
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyatt, Joseph Robert <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-5001	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas ENT
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yagnik, Hitesh B. <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-2244	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hitesh B. Yagnik, MD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yorke, Rebecca F. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Hospital - Pathology & Genomic M
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Youens, Duchicela & Associates, P.A. <hr/> Contributor address; City; State; Zip Code  Weimar, TX 78962-3680	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/79 Rpt: 82/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yusoof, Syed Ather	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912-6437		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Panacea Clinic
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Sergio	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Eagle Pass, TX 78852-3392		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dr. Sergio Zamora, PA
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavaleta, Beverly A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Brownsville, TX 78523-3205		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavaleta, Eric M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Abilene, TX 79602-7001		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) West Texas Retina Consultants, PA
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziegler, Daniel W.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Aledo, TX 76008-5209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acclaim Physician Group

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C3**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/2 Rpt: 83/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/09/2025	<b>5</b> Corporation / Labor Organization name Adolfo R. Rama, MD, PLLC	<b>6</b> Amount (\$) 99.00
Date 01/07/2025	Corporation / Labor Organization name Ault McInnis	Amount (\$) 99.00
Date 01/03/2025	Corporation / Labor Organization name DRMC Rehab PLLC	Amount (\$) 99.00
Date 01/07/2025	Corporation / Labor Organization name Earnest Stroupe, M.D., PLLC	Amount (\$) 100.00
Date 12/31/2024	Corporation / Labor Organization name Fobin a Roberts MD PLLC	Amount (\$) 99.00
Date 01/14/2025	Corporation / Labor Organization name Gabriela Hunko, M.D. P.L.L.C	Amount (\$) 99.00
Date 01/07/2025	Corporation / Labor Organization name Hawner Plastic Surgery Associates, PLLC	Amount (\$) 99.00
Date 01/07/2025	Corporation / Labor Organization name Hill Family Medicine & Skin Care	Amount (\$) 1,000.00
Date 01/13/2025	Corporation / Labor Organization name Katarizo Inc.	Amount (\$) 99.00
Date 01/14/2025	Corporation / Labor Organization name Kidney & Hypertension Associates of Dallas	Amount (\$) 99.00
Date 01/17/2025	Corporation / Labor Organization name King Family Medical, PLLC	Amount (\$) 99.00
Date 12/27/2024	Corporation / Labor Organization name Louis LaMancusa MD, LLC	Amount (\$) 99.00
Date 01/16/2025	Corporation / Labor Organization name Marvel Eye Center	Amount (\$) 99.00
Date 12/31/2024	Corporation / Labor Organization name Monzer H Yazji and Associates, PLLC	Amount (\$) 99.00
Date 01/14/2025	Corporation / Labor Organization name Monzer H Yazji and Associates, PLLC	Amount (\$) 99.00
Date 01/07/2025	Corporation / Labor Organization name Optimcurea LLC	Amount (\$) 99.00
Date 12/31/2024	Corporation / Labor Organization name Permian Basin County Medical Society	Amount (\$) 500.00
Date 01/16/2025	Corporation / Labor Organization name Sarcena Medical Group, PLLC	Amount (\$) 99.00

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 2/2 Rpt: 84/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/03/2025	<b>5</b> Corporation / Labor Organization name South Texas Eye Consultants, PLLC	<b>6</b> Amount (\$) 99.00
Date 12/31/2024	Corporation / Labor Organization name Southern Oklahoma Kidney Ctr, Inc.	Amount (\$) 99.00
Date 01/23/2025	Corporation / Labor Organization name Women's Clinic of South Texas	Amount (\$) 99.00

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 85/87
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/22/2025	<b>5</b> Corporation / Labor Organization name Texas Medical Association	<b>6</b> Amount (\$) 23,951.22

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 86/87	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 12/31/2024	<b>5</b> Payee name Kridel, Russell W.H.	
<b>6</b> Amount (\$) \$3,750.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5622 Buffalo Speedway  Houston, TX 77005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) refund of contribution	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense refund of contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2024	Payee name Rao, Vivek	
Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7009 Pinecrest Ave  Odessa, TX 79765	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) refund of contribution	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense refund of contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name Tetzlaff, Susanne	
Amount (\$) \$55.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4506 Tortuga CV  Austin, TX 78731	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Refund of Contribution	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 87/87	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 01/06/2025	<b>5</b> Payee name Wadhwa, Anupama N.	
<b>6</b> Amount (\$) \$99.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Anes UTSW 5323 Harry Hines Dallas, TX 75390-0001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Refund of contribution	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held