

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016271		2 Total pages filed: 31	
3 COMMITTEE NAME Texas Pharmacy Association PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 03/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3200 Steck Ave Suite 370 Austin, TX 78757				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI CEO RoxAnn  NICKNAME LAST SUFFIX Dominguez				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757				
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 836-8350				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" 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 01/26/2025    02/25/2025				

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Pharmacy Association PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016271
<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
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,465.00
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 97,957.55
<b>OUTSTANDING LOAN TOTALS</b>	<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.

\_\_\_\_\_  
CEO RoxAnn Dominguez  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 31

<b>17 COMMITTEE NAME</b> Texas Pharmacy Association PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00016271
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,665.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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	\$ 200.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
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>		<b>1</b> Total pages Schedule A1: Sch: 1/24 Rpt: 4/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kingsville, TX 78363-4289	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Anisa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-7912	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Lori <hr/> Contributor address; City; State; Zip Code  Jarrell, TX 76537-1774	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Christopher <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253-6283	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson-Kocian, Lisa <hr/> Contributor address; City; State; Zip Code  Athens, TX 75752-5752	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 2/24 Rpt: 5/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Kelsey <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78240-2459	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Linda Contributor address; City; State; Zip Code  Missouri City, TX 77459-3187	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basmadjian, Nareg Contributor address; City; State; Zip Code  Carrollton, TX 75006-2987	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam Contributor address; City; State; Zip Code  Vernon, TX 76384-3165	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle Contributor address; City; State; Zip Code  Tatum, TX 75691-3769	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/24 Rpt: 6/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76017-1739	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay Contributor address; City; State; Zip Code  New Braunfels, TX 78132-2927	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Tatiana Contributor address; City; State; Zip Code  San Angelo, TX 76904-8121	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde Contributor address; City; State; Zip Code  College Station, TX 77845-5560	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, LaVonia Contributor address; City; State; Zip Code  Richmond, TX 77407-4036	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/24 Rpt: 7/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capers, Willie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77014-2646	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers, Robert <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79118-1140	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552-6232	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Christie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287-3975	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheyne, Garland <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033-4551	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 5/24 Rpt: 8/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lauren <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757-8213	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coy, Carmen Contributor address; City; State; Zip Code  Fulshear, TX 77441-0608	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruse, Brittney Contributor address; City; State; Zip Code  Sugar Land, TX 77479-6111	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuevas, Johnathan Contributor address; City; State; Zip Code  San Antonio, TX 78259-3619	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dam, Vinh Contributor address; City; State; Zip Code  Aledo, TX 76008-2205	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 6/24 Rpt: 9/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76008-3637	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Dawn <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248-2643	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dittmar, Brandon <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641-2743	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dover, Kristi <hr/> Contributor address; City; State; Zip Code  North Richland Hills, TX 76182-7537	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozier, Dawn <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584-7210	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 7/24 Rpt: 10/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Patricia <b>6</b> Contributor address; City; State; Zip Code  Channelview, TX 77530-4559	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fat-Anthony, William Contributor address; City; State; Zip Code  Mission, TX 78574-1202	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Ricardo Contributor address; City; State; Zip Code  Argyle, TX 76226-1676	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frasco, Andrew Contributor address; City; State; Zip Code  Plano, TX 75093-5412	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson Contributor address; City; State; Zip Code  San Benito, TX 78586-5006	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/24 Rpt: 11/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza-Gongora, Ernesto <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258-4181	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Marshall Contributor address; City; State; Zip Code  Austin, TX 78728-4563	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Marshall Contributor address; City; State; Zip Code  Austin, TX 78728-4563	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghazy, Adelita Contributor address; City; State; Zip Code  Laredo, TX 78045-8160	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghazy, Adelita Contributor address; City; State; Zip Code  Laredo, TX 78045-8160	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 9/24 Rpt: 12/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502-3854	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Matthew <hr/> Contributor address; City; State; Zip Code  Woodville, TX 75979-6217	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakam, Amer <hr/> Contributor address; City; State; Zip Code  Peoria, AZ 85383-6668	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Lee Ann <hr/> Contributor address; City; State; Zip Code  Detroit, TX 75436-4500	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrel, Nicholas <hr/> Contributor address; City; State; Zip Code  Kingsville, TX 78364-1437	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 10/24 Rpt: 13/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Mary <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-5288	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Mary Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-5140	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobart, Christopher Contributor address; City; State; Zip Code  Lubbock, TX 79423-6165	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollins, Allison Contributor address; City; State; Zip Code  Houston, TX 77021-1139	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michael Contributor address; City; State; Zip Code  Seabrook, TX 77586-2822	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/24 Rpt: 14/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hwang, Kyuwon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-2199	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icard, David <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77301-4109	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Alice <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-2028	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Buddy <hr/> Contributor address; City; State; Zip Code  Kingsville, TX 78363-6930	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Stephanie <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581-8835	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/24 Rpt: 15/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-2646	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-2646	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamper, Jennifer <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032-5856	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi, Sirisha <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-5985	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code  Saginaw, TX 76131-2911	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/24 Rpt: 16/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killeen, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-2885	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-8181	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Larry <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-1451	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Kim <hr/> Contributor address; City; State; Zip Code  Shavano Park, TX 78231-1543	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawani Naylor, Hanifath <hr/> Contributor address; City; State; Zip Code  Los Fresnos, TX 78566-7921	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 14/24 Rpt: 17/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-1466	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Susan <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028-2821	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Lee <hr/> Contributor address; City; State; Zip Code  Andrews, TX 79714-2602	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-1579	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-4529	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/24 Rpt: 18/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Maureen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-6268	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcanally, Bruce <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3211	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code  Eastland, TX 76448-2536	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millican, Jamie <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108-6988	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosher, Martha <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925-6728	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 16/24 Rpt: 19/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moussallie, George <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edgewood, WA 98371-1408	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murhammer, Payal <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-3793	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nair, Mini <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249-3890	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christine <hr/> Contributor address; City; State; Zip Code  Little Elm, TX 75068-2958	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Notturmo-Strong, Debra <hr/> Contributor address; City; State; Zip Code  Tuscola, TX 79562-3435	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 17/24 Rpt: 20/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwosu, Tochi <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77469-5725	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Krista Contributor address; City; State; Zip Code  Kingwood, TX 77339-3744	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ouellette, Craig Contributor address; City; State; Zip Code  Wellington, TX 79095-5031	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stephanie Contributor address; City; State; Zip Code  Borger, TX 79008-3282	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Chantelle Contributor address; City; State; Zip Code  Fresno, TX 77545-2318	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/24 Rpt: 21/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paruszewski, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379-7815	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Payal <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036-8150	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattillo, Jan <hr/> Contributor address; City; State; Zip Code  Hamilton, TX 76531-1857	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Tho <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054-6846	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Lyndsey <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049-1815	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 19/24 Rpt: 22/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2611	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay <hr/> Contributor address; City; State; Zip Code  Prague, OK 74864-1501	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumsey, Ronald <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-1721	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sams, Shawn <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605-1515	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraj, Nada <hr/> Contributor address; City; State; Zip Code  Houston, TX 77094-1441	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/24 Rpt: 23/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-5300	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seagroves, Steven <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77316-2470	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Kelly <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205-8408	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Nancy <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205-8408	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selmser, George <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386-4473	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 21/24 Rpt: 24/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeeler, William <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748-3065	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbott, Sandra Contributor address; City; State; Zip Code  Sugar Land, TX 77478-4009	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel Contributor address; City; State; Zip Code  San Antonio, TX 78204-2386	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin Contributor address; City; State; Zip Code  Dallas, TX 75204-2358	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Hang Contributor address; City; State; Zip Code  Austin, TX 78726-1936	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		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: 22/24 Rpt: 25/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valencia, Rebeka <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78251-4349	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$4.00</div>
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidaurri, Marco <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216-2502	Amount of Contribution (\$)  <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Julie <hr/> Contributor address; City; State; Zip Code  Bentonville, AR 72713-3181	Amount of Contribution (\$)  <div style="text-align: right;">\$4.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Charlotte <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75710-1411	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Loynecia <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578-3285	Amount of Contribution (\$)  <div style="text-align: right;">\$4.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		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: 23/24 Rpt: 26/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605-6667	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$4.00</div>
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Courtney <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757-8239	Amount of Contribution (\$)  <div style="text-align: right;">\$15.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Annie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77039-4120	Amount of Contribution (\$)  <div style="text-align: right;">\$60.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Britney <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-5554	Amount of Contribution (\$)  <div style="text-align: right;">\$4.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, Min <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071-0117	Amount of Contribution (\$)  <div style="text-align: right;">\$4.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		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: 24/24 Rpt: 27/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 01/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kara <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75087-6673	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaheer, Mohammad Contributor address; City; State; Zip Code  Friendswood, TX 77546-7912	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 28/31

2 FILER NAME

Texas Pharmacy Association PAC

3 Filer ID (Ethics Commission Filers)  
00016271

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C3:  
Sch: 1/1 Rpt: 29/31

2 FILER NAME

Texas Pharmacy Association PAC

3 Filer ID (Ethics Commission Filers)  
00016271

4 Date

02/18/2025

5 Corporation / Labor Organization name

Bowers Prescription LLC

6 Amount (\$)

50.00

Date

02/05/2025

Corporation / Labor Organization name

Corner Drug Store

Amount (\$)

50.00

Date

01/28/2025

Corporation / Labor Organization name

Laredo Downtown Pharmacy

Amount (\$)

50.00

Date

01/31/2025

Corporation / Labor Organization name

University Pharmacy

Amount (\$)

50.00

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:  
Sch: 1/1 Rpt: 30/31

2 FILER NAME

Texas Pharmacy Association PAC

3 Filer ID (Ethics Commission Filers)  
00016271

4 Date

01/31/2025

5 Corporation / Labor Organization name

Texas Pharmacy Association

6 Amount (\$)

1,600.00

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 31/31
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None	<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)