

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: 26	
3 COMMITTEE NAME Texas Medical Association Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/07/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. Austin, TX 78701				
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	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 checked="" 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 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 02/26/2025 03/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 47,573.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 99.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 257,834.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

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**FORM MPAC**
COVER SHEET PG 3
3 of 26

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,676.11
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 type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 21,897.48
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	\$ 99.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asase, Danilo K. <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-3224	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Urology Associates of South Texas, PA
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balderamos, Sofia <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-7117	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartley, Jeremy Wayne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75212-5390	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bateman, Janette K. <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-5743	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Olajide Oladele <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-1119	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heritage Neurology PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/21 Rpt: 5/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethea, Louise H. <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77381-5121	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Allergy, Asthma & Immunology Care Center
Date 03/15/2025	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
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, C. Matt <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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Alex Joseph <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-6637	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laredo Premier Healthcare, PLLC
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boatsman, Justin E. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-3702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boys, Gregory J. 6 Contributor address; City; State; Zip Code San Antonio, TX 78248-2426	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brotherton, Peggy P. Contributor address; City; State; Zip Code Fort Worth, TX 76107-3506	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown-Nembhard, Tonya Renee Contributor address; City; State; Zip Code Beaumont, TX 77706-3021	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Beaumont Pediatric Center PLLC
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier 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 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatha, Rupinder K. Contributor address; City; State; Zip Code Houston, TX 77065-3182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Renal Clinic of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/21 Rpt: 7/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chike-Obi, Chuma J. <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-2038	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Office of Dr. Chuma J. Chike-Obi
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Gretchen S. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1032	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Dana G. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-5428	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Keith A. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249-2080	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalrymple, Neal C. 6 Contributor address; City; State; Zip Code Shavano Park, TX 78249-2065	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danley, Ashley Contributor address; City; State; Zip Code Fort Worth, TX 76109-4605	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Garry Todd Contributor address; City; State; Zip Code Comanche, TX 76442-2960	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delacerda, Ashley Brandon Contributor address; City; State; Zip Code Wall, TX 76957-0276	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Destarac, Aida Contributor address; City; State; Zip Code Tyler, TX 75703-0913	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/21 Rpt: 9/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhatt, Ajinder S. <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429-5154	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cyfair Psychiatry
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doan, Ellis D. <hr/> Contributor address; City; State; Zip Code Austin, TX 78734-5078	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hospital Internists of Texas
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doctor, Neil Prerak <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-1517	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossett, Lucy McCauley <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262-0619	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dougliis, Franklin Marshall <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Premier Sinus and Allergy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/21 Rpt: 10/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duggan, John P. <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628-0906	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) VA Hospital
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont, Nefertiti C. <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2074	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Diana <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936-3390	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diana Escobedo MD PA
Date 03/15/2025	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 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forzani, Brian Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-2945	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pro Care Medical Centers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/21 Rpt: 11/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fruge, Lloyd Mason <hr/> 6 Contributor address; City; State; Zip Code Atlanta, TX 75551-2632	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallas, Michelle C. <hr/> Contributor address; City; State; Zip Code Austin, TX 78730-1522	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gegbe, Nancy Elaine <hr/> Contributor address; City; State; Zip Code Corinth, TX 76210-3087	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Stevan A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2506	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Liver Consultants of Texas
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, James K. <hr/> Contributor address; City; State; Zip Code Barry, TX 75102-4713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/21 Rpt: 12/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haq, Faisal Ehsan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75287-5500	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Key Whitman Eye Center, PA
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Michele A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4506	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayat, Quratulain <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-3891	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor VA Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healy, Mark Edward <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5617	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hisel, Patrick W. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2742	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Associates of Plano, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/21 Rpt: 13/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712-7565	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huber, Trevor Kyle <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-5790	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/17/2025	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 03/17/2025	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
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jantzi, Paul D. <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-6014	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/21 Rpt: 14/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Shawn E. <hr/> 6 Contributor address; City; State; Zip Code Hempstead, TX 77445-8013	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jumper, Cynthia Ann <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-5001	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Abdullah <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406-2246	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David Tyler <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-7174	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klump, Shannon F. <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2553	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/21 Rpt: 15/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruger, Ariel Y. <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-8310	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhns, Craig Allen <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6050	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Spine
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanys, Shane G. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-1614	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hillcroft Medical Clinic
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemuz, Tiffany <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) UNT Health Science Center - TCOM
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liaw, Stephen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5748	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipsky, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-3913	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Travis D. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-4670	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mares, Adolph <hr/> Contributor address; City; State; Zip Code Salado, TX 76571-5134	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Heart, PLLC
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Dan G. <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227-4012	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dan. G. Bride, MD PA
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Deval <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028-0281	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/21 Rpt: 17/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlebrook, Michael Rhodes <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78257-1306	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miner, Adam Seth <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-5622	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Adam S. Miner, MD PA
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Adam C. <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-0215	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mota, Estela <hr/> Contributor address; City; State; Zip Code Weimar, TX 78962-3680	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/21 Rpt: 18/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Erin Alexis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748-3951	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) H-E-B Wellness Primary Care - Austin S Congress
Date 03/15/2025	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
Date 03/17/2025	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
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orsi, Michael Dana <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-2824	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pallan, Pablo Isaac <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256-1666	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/21 Rpt: 19/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Dipan L. <hr/> 6 Contributor address; City; State; Zip Code Shavano Park, TX 78230-5641	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Rupert <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498-2377	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gulf Coast Kidney Treatment Centers, PLLC
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, 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 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillarisetty, Leela Sharath <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-5058	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P. <hr/> Contributor address; City; State; Zip Code Humble, TX 77347-0876	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/21 Rpt: 20/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Harish Pulipaka <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77090-2903	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoton, Joel S. <hr/> Contributor address; City; State; Zip Code Fritch, TX 79036-8138	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenhouse, Margaret <hr/> Contributor address; City; State; Zip Code Humble, TX 77339-2518	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Kathryn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-5461	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfield, Janet <hr/> Contributor address; City; State; Zip Code Tyler, TX 75713-1868	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/21 Rpt: 21/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safo, Adelle A. <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-4250	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Heriberto <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033-6700	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Ezequiel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-8307	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stahlman, Matthew B. <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1459	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardio Texas
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, Lonnie D. <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-8460	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) San Benito Medical Associates, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/21 Rpt: 22/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Austin D. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-2722	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Southwestern Medical Center
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strobel, Gennell DeAn <hr/> Contributor address; City; State; Zip Code Sherman, TX 75090-5000	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) G. Dean Strobel, MD PA
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumer, Baran Devrim <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-3548	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swart, Jennifer Estelle <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-4629	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Muhammad Ali <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-3247	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesfa, Ganana <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-8413	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Neurology Associates of Arlington, PA
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villacis, Donna S. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7386	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OB Hospitalist Group
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vosberg, Jacob L. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249-2478	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westbrook, Benjamin James <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-5008	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Head and Neck Surgery
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Steven Clark <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-2922	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/21 Rpt: 24/26
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jonathan Wayne <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75092-9714	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Natalie A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-5841	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziemke, Bill <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5748	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zink, Walter Earl <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4390	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

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: 25/26

2 FILER NAME

Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers)
00015658

4 Date

03/22/2025

5 Corporation / Labor Organization name

Texas Medical Association

6 Amount (\$)

21,897.48

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.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 26/26	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/26/2025	5 Payee name Ciaglia, Kristina	
6 Amount (\$) \$99.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2408 Peach Blossom Ct Bedford, TX 76021	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of Contribution	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held