#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015658 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 04/07/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Clayton NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Stewart CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 W. 15th Street STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th Street MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 370-1365 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2025 03/25/2025

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

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2 COMMITTEE NAME	ion Dolitical Action Co.			13 Filer ID	(Ethics Commission Filers)
Texas Medical Associat				000156	58
4 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		A Commented			
	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.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRI OR GUARANTEES OI MADE ELECTRONICAL qualifies for the higher ite	LLY)	\$	46.55
	2. TOTAL POLITICA (OTHER THAN PLEI		S UARANTEES OF LOANS)	\$	47,573.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPEND	DITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	99.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN		INTAINED AS OF THE LAST	DAY \$	257,834.37
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUT REPORTING PERIOD	TSTANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT	<u>I</u>				
		true and	, or affirm, under penalty of p d correct and includes all info itle 15, Election Code.		
			Mr. Clay	ton Stewari	t
			Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said			this the	day
of					-
Signature of officer ad	ministering oath	Printed name of office	er administering oath	Title of o	officer administering oath

## **SUBTOTALS - MPAC**

### FORM MPAC **COVER SHEET PG 3**

		3 of 26					
17 COMMITT Texas Me	EE NAME edical Association Political Action Committee	<b>18</b> Filer ID 00015658	(Ethics Com	mission Filers)			
	19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	25,676.11			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	21,897.48			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	99.00			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONEI	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/21 Rpt: 4/26	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 03/11/2025	<ul> <li>5 Full name of contributor  out-of-state PA</li> <li>Asase, Danilo K.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Harlingen, TX 78550-3224 pation / Job title (See Instructions)	9	Employer (See Instructions Urology Associates of S		th Texas, PA	
	Date 03/06/2025	Full name of contributor out-of-state Pa Balderamos, Sofia Contributor address; City; State; Zip Code Fort Worth, TX 76132-7117	AC (ID#:	)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	<u>(</u>		
	Date 02/27/2025	Full name of contributor out-of-state Pastrley, Jeremy Wayne  Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$99.00
		Dallas, TX 75212-5390					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center	
	Date 02/27/2025	Full name of contributor out-of-state Pall name, Janette K.  Contributor address; City; State; Zip Code  Pearland, TX 77581-5743	AC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 03/08/2025	Full name of contributor out-of-state Pa Benson, Olajide Oladele Contributor address; City; State; Zip Code Keller, TX 76248-1119	AC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Heritage Neurology PA	5)		

	MONEI	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/21 Rpt: 5/26
2	FILER NAME Texas Medic	al Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4	Date 03/13/2025	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$1,000.00
_	Deinsinal assu	The Woodlands, TX 77381-5121	O Francisco (Coo Instructions	
8	Physician	pation / Job title (See Instructions)	Employer (See Instructions     Allergy, Asthma & Immu	unology Care Center
	Date 03/15/2025	Full name of contributor	)	Amount of Contribution (\$) \$16.50
	Principal occu	Sugar Land, TX 77479-3909  pation / Job title (See Instructions)	Employer (See Instructions	
	Physician Physician	sation / 300 title (See instructions)	Sugarland Med Ped Clir	
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#:_Bishop, C. Matt  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$16.50
		Harlingen, TX 78552-0134		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Ear Nose & Throat Asso	s) ociates of Corpus Christi
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Blanco, Alex Joseph  Contributor address; City; State; Zip Code  Laredo, TX 78045-6637	)	Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Laredo Premier Healtho	
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#:_ Boatsman, Justin E.  Contributor address; City; State; Zip Code  San Antonio, TX 78209-3702		Amount of Contribution (\$) \$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	

	MONEI	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 3/21 Rpt: 6/26	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 02/27/2025	6 Contributor address; City; State; Zip Code	PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu Physician	San Antonio, TX 78248-2426 pation / Job title (See Instructions)	9	Employer (See Instructions South Texas Radiology		oup, P.A.	
	Date 02/26/2025	Full name of contributor out-of-state F Brotherton, Peggy P.  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	<u> </u> ;)		
	Date 03/15/2025	Full name of contributor out-of-state F Brown-Nembhard, Tonya Renee Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$16.50
		pation / Job title (See Instructions)		Employer (See Instructions Beaumont Pediatric Cer		· DLL C	
	Physician  Date 03/17/2025	Full name of contributor out-of-state F Cardenas, Carlos Javier Contributor address; City; State; Zip Code McAllen, TX 78501-3735	PAC (ID#:	)		Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Gastroente		ogy	
	Date 03/18/2025	Full name of contributor out-of-state F Chatha, Rupinder K.  Contributor address; City; State; Zip Code  Houston, TX 77065-3182	PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Renal Clinic of Houston	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 4/21 Rpt: 7/26
2	FILER NAME Texas Medic	cal Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4	Date 03/15/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#: Chike-Obi, Chuma J.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$16.50
		Austin, TX 78704-2038		
8	Principal occu Physician	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructions Office of Dr. Chuma J. C	
	Date 03/22/2025	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$55.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Business Ov	vner	Business Owner	
	Date 03/17/2025	Full name of contributor		Amount of Contribution (\$) \$208.34
		Dallas, TX 75244-7446		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Epic Pain and Orthoped	
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#: Clark, Dana G.  Contributor address; City; State; Zip Code  Arlington, TX 76012-5428		Amount of Contribution (\$) \$33.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: Crow, Keith A.  Contributor address; City; State; Zip Code  San Antonio, TX 78249-2080		Amount of Contribution (\$) \$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/26	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3 Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 02/27/2025	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$500.00
_	Deinsinal assu	Shavano Park, TX 78249-2065	O Familia de (Con Instructione		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions South Texas Radiology		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#:_ Danley, Ashley Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$55.00
		Fort Worth, TX 76109-4605			
	Business Ov	pation / Job title (See Instructions) vner	Employer (See Instructions Business Owner	)	
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Garry Todd Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$99.00
		Comanche, TX 76442-2960			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed		
	Date 03/22/2025	Full name of contributor out-of-state PAC (ID#:_ Delacerda, Ashley Brandon Contributor address; City; State; Zip Code Wall, TX 76957-0276		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) Self Employed	)	
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#:_ Destarac, Aida Contributor address; City; State; Zip Code Tyler, TX 75703-0913		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions)	Employer (See Instructions Business Owner	)	

The Instruction Guide explains how to complete this form.  2 FILER NAME Texas Medical Association Political Action Committee 3 Filer to (Parks 978) Texas Medical Association Political Action Committee 4 Date 5 Full name of contributor 6 Contributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions) Physician  Date Principal occupation / Job title (See Instructions) Physician  Date O2/27/2025 Doctor, Neil Prerak Contributor address; City: State: Zip Code  Employer (See Instructions) Physician  Date O2/27/2025 Doctor, Neil Prerak Contributor address; City: State: Zip Code  Employer (See Instructions) Physician  Date O3/15/2025 Doctor, Neil Prerak Contributor address; City: State: Zip Code  Midland, TX 79707-1517 Principal occupation / Job title (See Instructions) Physician  Date Date Full name of contributor O3/15/2025 Doctor, Neil Prerak Contributor address; City: State: Zip Code  Midland, TX 79707-1517  Principal occupation / Job title (See Instructions) Physician  Date Full name of contributor O3/15/2025 Dossett, Lucy McCauley Contributor address; City: State: Zip Code  Full name of contributor O4/15/2045 Dossett, Lucy McCauley Dossett, Lucy McCauley Self Employer (See Instructions) Physician  Amount of Contributor (S) S16.50  Amount of Contribution (S) S16.50  Amount of Contribution (S) S99.00  Principal occupation / Job title (See Instructions) Physician  Date Full name of contributor Octoributor address; City: State: Zip Code  Full name of contributor Octoributor address; City: State: Zip Code  Full name of contributor Octoributor address; City: State: Zip Code  Full name of contributor Octoributor address; City: State: Zip Code  Full name of contributor Octoributor address; City: State: Zip Code  Full name of contributor Octoributor address; City: State: Zip Code  Full name of contributor Octoributor address; City: State: Zip Code  Full name of contributor Octoributor address; City: State: Zip Code  Full name of contributor Octoributor address; City: State: Zip Code  Full n		MONEI	ARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1
Texas Medical Association Political Action Committee  4 Date		The Instru	ction Guide explains how to co	mplete this form.	
4 Date 03/22/2025   5 Full name of contributor   out-of-state PAC (ID#	2				
Date   Full name of contributor   Out-of-state PAC (ID#   Doctor, Nell Pierrak   Sep.00  Principal occupation / Job title (See Instructions)   Physician   Amount of Contribution (\$)   Sep.00  Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Amount of Contribution (\$)   Sep.00    Austin, TX 78734-5078   Employer (See Instructions)   Hospital Internists of Texas   Amount of Contribution (\$)   Sep.00    Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Hospital Internists of Texas   Amount of Contribution (\$)   Sep.00    Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Hospital Internists of Texas   Amount of Contribution (\$)   Sep.00    Principal occupation / Job title (See Instructions)   Self Employer (See I					
6 Contributor address; City; State; Zip Code  Cypress, TX 77429-5154  8 Principal occupation / Job title (See Instructions) Physician  Date 02/28/2025 Daan, Ellis D. Contributor address; City; State; Zip Code  Austin, TX 78734-5078  Principal occupation / Job title (See Instructions) Physician  Date 02/27/2025 Doctor, Neil Prerak Contributor address; City; State; Zip Code  Midland, TX 79707-1517  Principal occupation / Job title (See Instructions) Physician  Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Amount of Contribution (\$) \$99.00  Self Employer  Amount of Contribution (\$)  Self Employed  Amount of Contribution (\$)  Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Self Employed  Amount of Contribution (\$)  Self Employed  Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Self Employed  Amount of Contribution (\$)  Self Employed  Principal occupation / Job title (See Instructions) Physician  Principal occupation / Job title (See Instructions) Physician  Date O3/15/2025 Principal occupation / Job title (See Instructions) Physician  Date O3/19/2025 Principal occupation / Job title (See Instructions) Physician  Date O3/19/2025 Principal occupation / Job title (See Instructions) Physician  Date O3/19/2025 Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Self Employed  Amount of Contribution (\$) Sep 00  Amount of Contribution (\$) Sep 00  Principal occupation / Job title (See Instructions) Self Employed  Date O3/19/2025 Principal occupation / Job title (See Instructions) Self Employer (See Instructions)	4		<b>–</b>	of-state PAC (ID#:)	
Principal occupation / Job title (See Instructions)   Physician			6 Contributor address; City; State; Zip	Code	
Date   Full name of contributor   out-of-state PAC (ID#:			Cypress, TX 77429-5154		
Date  O2/28/2025  Doan, Ellis D. Contributor address; City; State; Zip Code  Austin, TX 78734-5078  Principal occupation / Job title (See Instructions) Physician  Date O2/27/2025  O3/15/2025  Date Roanoke, TX 79707-1517  Principal occupation / Job title (See Instructions) Physician  Date O3/15/2025  Date Full name of contributor out-d-state PAC (ID#:	8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	s)
Date   Full name of contributor   Out-of-state PAC (ID#:   Dostett, Lucy McCauley   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Amount of Contribution (\$)   Self Employed   Principal occupation / Job title (See Instructions)   Hospital Internists of Texas   Date   Full name of contributor   Out-of-state PAC (ID#:   Doctor, Neil Prerak   S99.00   Contributor address; City; State; Zip Code   Self Employed   Amount of Contribution (\$)   Self Employed   Amount of Contribution (\$)   Self Employed   Sel		Physician		Cyfair Psychiatry	
Contributor address; City; State; Zip Code  Austin, TX 78734-5078  Principal occupation / Job title (See Instructions) Physician  Date    Full name of contributor   out-of-state PAC (ID#:		Date	Full name of contributor out-o	of-state PAC (ID#:)	Amount of Contribution (\$)
Austin, TX 78734-5078  Principal occupation / Job title (See Instructions) Physician    Date		02/28/2025	Doan, Ellis D.		\$99.00
Principal occupation / Job title (See Instructions) Physician    Date			Contributor address; City; State; Zip	Code	Ϊ
Principal occupation / Job title (See Instructions) Physician    Date					
Principal occupation / Job title (See Instructions) Physician    Date			Austin, TX 78734-5078		
Date   Full name of contributor   out-of-state PAC (ID#:		Principal occu		Employer (See Instruction	s)
Doctor, Neil Prerak \$99.00  Contributor address; City; State; Zip Code  Midland, TX 79707-1517  Principal occupation / Job title (See Instructions) Self Employed  Date Osssett, Lucy McCauley Self Employed  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Physician Pull name of contributor out-of-state PAC (ID#:		Physician		Hospital Internists of Te	exas
Midland, TX 79707-1517  Principal occupation / Job title (See Instructions) Self Employed  Date Ossett, Lucy McCauley Sate; Zip Code  Roanoke, TX 76262-0619  Principal occupation / Job title (See Instructions) Self Employer (See Instructions) Self Employed  Principal occupation / Job title (See Instructions) Self Employer (See Instructions) Self Employer (See Instructions) Self Employer (See Instructions) Self Employed  Principal occupation / Job title (See Instructions) Self Employed  Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) O3/19/2025 Douglis, Franklin Marshall Spring, TX 77379  Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-c	of-state PAC (ID#:)	Amount of Contribution (\$)
Midland, TX 79707-1517  Principal occupation / Job title (See Instructions) Physician  Date 03/15/2025  Full name of contributor out-of-state PAC (ID#: Obssett, Lucy McCauley Contributor address; City, State; Zip Code  Principal occupation / Job title (See Instructions) Physician  Principal occupation / Job title (See Instructions) Physician  Pate 03/19/2025  Full name of contributor out-of-state PAC (ID#: Self Employed)  Amount of Contribution (\$) Self Employed  Amount of Contribution (\$) Self Employed  Amount of Contribution (\$) Spring, TX 77379  Principal occupation / Job title (See Instructions) Spring, TX 77379  Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Self Employed  Amount of Contribution (\$) Spring, TX 77379  Principal occupation / Job title (See Instructions) Employer (See Instructions)		02/27/2025	Doctor, Neil Prerak		\$99.00
Principal occupation / Job title (See Instructions) Physician  Date O3/15/2025 Dossett, Lucy McCauley Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Physician  Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Self Employed  Amount of Contribution (\$)  \$16.50  Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Self Employed  Amount of Contribution (\$)  \$99.00  Spring, TX 77379  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  \$99.00			Contributor address; City; State; Zip	Code	Ϊ
Principal occupation / Job title (See Instructions) Physician  Date O3/15/2025 Dossett, Lucy McCauley Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Physician  Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Self Employed  Amount of Contribution (\$)  \$16.50  Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Self Employed  Amount of Contribution (\$)  \$99.00  Spring, TX 77379  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  \$99.00					
Principal occupation / Job title (See Instructions) Physician  Date O3/15/2025 Dossett, Lucy McCauley Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Physician  Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Self Employed  Amount of Contribution (\$)  \$16.50  Principal occupation / Job title (See Instructions) Physician  Employer (See Instructions) Self Employed  Amount of Contribution (\$)  \$99.00  Spring, TX 77379  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  \$99.00			Midland TX 79707-1517		
Physician  Date O3/15/2025 Dossett, Lucy McCauley Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Physician  Date O3/19/2025 Dossett Full name of contributor Date O3/19/2025 Douglis, Franklin Marshall Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Physician  Date O3/19/2025 Spring, TX 77379  Principal occupation / Job title (See Instructions) Spring, TX 77379  Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed  Amount of Contribution (\$) \$99.00  \$99.00  Employer (See Instructions)		Principal occu		Employer (See Instruction	s)
Dossett, Lucy McCauley  Contributor address; City; State; Zip Code  Roanoke, TX 76262-0619  Principal occupation / Job title (See Instructions) Physician  Date  O3/19/2025  Douglis, Franklin Marshall  Contributor address; City; State; Zip Code  Spring, TX 77379  Principal occupation / Job title (See Instructions)  Employer (See Instructions) Self Employed  Amount of Contribution (\$) \$99.00  Spring, TX 77379  Employer (See Instructions)		•	,	, , ,	-,
Dossett, Lucy McCauley  Contributor address; City; State; Zip Code  Roanoke, TX 76262-0619  Principal occupation / Job title (See Instructions) Physician  Date  O3/19/2025  Douglis, Franklin Marshall  Contributor address; City; State; Zip Code  Spring, TX 77379  Principal occupation / Job title (See Instructions)  Employer (See Instructions) Self Employed  Amount of Contribution (\$) \$99.00  Spring, TX 77379  Employer (See Instructions)		Date	Full name of contributor Out-o	of-state PAC (ID#:	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Physician  Date Date Douglis, Franklin Marshall Contributor address; City; State; Zip Code  Spring, TX 77379  Principal occupation / Job title (See Instructions)  Employer (See Instructions) Self Employed  Amount of Contribution (\$) \$99.00  \$99.00  Employer (See Instructions)			<b>—</b>		
Principal occupation / Job title (See Instructions) Physician  Date  O3/19/2025  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Self Employed  Amount of Contribution (\$) \$99.00  Spring, TX 77379  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)			Contributor address; City; State; Zip	Code	"
Principal occupation / Job title (See Instructions) Physician  Date  O3/19/2025  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$99.00  \$99.00  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Physician  Date  O3/19/2025  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$99.00  \$99.00  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)					
Physician  Date Full name of contributor out-of-state PAC (ID#: ) Amount of Contribution (\$)  O3/19/2025 Douglis, Franklin Marshall \$99.00  Contributor address; City; State; Zip Code  Spring, TX 77379  Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)		•	oation / Job title (See Instructions)	, , ,	s)
03/19/2025 Douglis, Franklin Marshall \$99.00  Contributor address; City; State; Zip Code  Spring, TX 77379  Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Contributor address; City; State; Zip Code  Spring, TX 77379  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			<b>–</b>	of-state PAC (ID#:)	
Spring, TX 77379  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		03/19/2025	-		\$99.00 
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Contributor address; City; State; Zip (	Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
			Spring, TX 77379		
Physician Premier Sinus and Allergy		Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
·		Physician		Premier Sinus and Alle	rgy
				·	

MONET	TARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/21 Rpt: 10/26
2 FILER NAME Texas Medic	cal Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/16/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# Duggan, John P.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$99.00
	Georgetown, TX 78628-0906	1	
8 Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions VA Hospital	5)
Date 03/15/2025	Full name of contributor  out-of-state PAC (ID: Dupont, Nefertiti C.  Contributor address; City; State; Zip Code	‡:)	Amount of Contribution (\$) \$49.50
Principal occu	Spring, TX 77393-2074  upation / Job title (See Instructions)	Employer (See Instructions	-1
Physician	apadon / Job dde (See mstructions)	Self Employed	5)
Date 03/15/2025	Full name of contributor out-of-state PAC (ID: Escobedo, Diana Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$16.50
	El Paso, TX 79936-3390		
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Diana Escobedo MD PA	
Date 03/15/2025	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$16.50
Principal occu	Dallas, TX 75287-4911  upation / Job title (See Instructions)	Employer (See Instructions	5)
Physician	,	North Dallas Pediatric A	
Date 03/12/2025	Full name of contributor out-of-state PAC (ID#Forzani, Brian Richard  Contributor address; City; State; Zip Code  San Antonio, TX 78209-2945	#:)	Amount of Contribution (\$) \$99.00
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Pro Care Medical Cente	
·	upation / Job title (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 8/21 Rpt: 11/26	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/26/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Atlanta, TX 75551-2632 pation / Job title (See Instructions)	19	Employer (See Instructions	;) 		
	Physician	sation, oob title (See instituctions)	ľ	Self Employed	"		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID# Gallas, Michelle C.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78730-1522			L		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID# Gegbe, Nancy Elaine  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$99.00
		Corinth, TX 76210-3087					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID# Gonzalez, Stevan A.  Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2506		)		Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Liver Consultants of Tex			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID# Hall, James K.  Contributor address; City; State; Zip Code  Barry, TX 75102-4713			•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
			•				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Fotal pages Schedule A1: Sch: 9/21 Rpt: 12/26	
2	FILER NAME Texas Medic	al Association Political Action	n Committee		1	Filer ID (Ethics Commission)	on Filers)
4	Date 02/27/2025	<ul> <li>5 Full name of contributor Haq, Faisal Ehsan</li> <li>6 Contributor address; City; S</li> </ul>	out-of-state PAC (ID#:	)	7 /	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Dallas, TX 75287-5500 pation / Job title (See Instruction	s)	Employer (See Instructions     Key Whitman Eye Cent		A	
	Date 02/26/2025	Full name of contributor Hauser, Michele A.  Contributor address; City; S  Austin, TX 78731-4506	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 03/02/2025	Full name of contributor  Hayat, Quratulain  Contributor address; City; S				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Missouri City, TX 77459- pation / Job title (See Instruction		Employer (See Instructions Baylor VA Medical Cent			
	Date 02/27/2025	Full name of contributor Healy, Mark Edward Contributor address; City; S San Antonio, TX 78230-5		Baylor VA Medical Certi	_	Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions South Texas Radiology		лр, Р.А.	
	Date 03/12/2025	Full name of contributor Hisel, Patrick W.  Contributor address; City; S  Dallas, TX 75230-2742	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions Internal Medicine Assoc		s of Plano, PA	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/21 Rpt: 13/26	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 03/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Holland, Bradford W.  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$208.34
		Waco, TX 76712-7565				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	5)		
	Date 03/08/2025	Full name of contributor out-of-state PAC (ID#:_ Huber, Trevor Kyle  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$99.00
	District	Frisco, TX 75036-5790	I Frankrije (Operlands vijere			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#:_ Humphreys, James Loyd Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$208.34
		Helotes, TX 78023-4492				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Precision Pathology	5)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#:_ Isaacson, Terah C. Contributor address; City; State; Zip Code  Houston, TX 77009-7753	)		Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Bayou City Surgical Spe		alists, PLLC	
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#:_ Jantzi, Paul D. Contributor address; City; State; Zip Code  Brenham, TX 77833-6014			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	)		

MONET	FARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 11/21 Rpt: 14/26
2 FILER NAME Texas Medi	Eical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/01/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID# Johnson, Shawn E.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$99.00
	Hempstead, TX 77445-8013		
8 Principal occi Physician	upation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	5)
Date 03/17/2025	1 ' ' '	:)	Amount of Contribution (\$) \$208.34
Dringinal occ	Lubbock, TX 79424-5001 upation / Job title (See Instructions)	Employer (See Instructions	-1
Physician	upation / 300 title (See Instructions)	Self Employed	) -
Date 03/18/2025	Full name of contributor out-of-state PAC (ID# Khan, Abdullah  Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$99.00
	Richmond, TX 77406-2246		
Principal occi Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)
Date 03/15/2025	Full name of contributor out-of-state PAC (ID# King, David Tyler  Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$16.50	
Dringing! con	Laredo, TX 78045-7174	Employer (Coo Instructions	
Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)
Date 03/16/2025	Full name of contributor out-of-state PAC (ID# Klump, Shannon F.  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624-2553	:)	Amount of Contribution (\$) \$99.00
Principal occi Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	S)
			<u> </u>  s

	MONEI	ARY POLITICAL (		SCHEDUI	SCHEDULE A1		
	The Instruc	ction Guide explains hov	v to complete this for	m.	1	Total pages Schedule A1: Sch: 12/21 Rpt: 15/26	
2	FILER NAME Texas Medic	al Association Political Action	n Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 02/27/2025	<ul><li>5 Full name of contributor Kruger, Ariel Y.</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu Physician	San Antonio, TX 78209-8 pation / Job title (See Instructions		Employer (See Instructions South Texas Radiology		oup, P.A.	
	Date Full name of contributor out-of-state PAC (ID#:) 03/10/2025 Kuhns, Craig Allen Contributor address; City; State; Zip Code  Austin, TX 78738-6050				•	Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Austin Spine	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/07/2025 Lanys, Shane G.  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$99.00
		Missouri City, TX 77459-2 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
	Physician  Date  03/25/2025  Full name of contributor out-of-state PAC (ID#:)  Lemuz, Tiffany  Contributor address; City; State; Zip Code  Fort Worth, TX 76107			Amount of Contribution (\$)	\$200.00		
	Principal occu Student	pation / Job title (See Instructions	6)	Employer (See Instructions UNT Health Science Ce		er - TCOM	
	Date Full name of contributor out-of-state PAC (ID#:)  02/27/2025 Liaw, Stephen  Contributor address; City; State; Zip Code  San Antonio, TX 78230-5748					Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions South Texas Radiology		oup, P.A.	

	MONEI	ARY POLITICAL CON	SCHEDULE A1				
	The Instru	ction Guide explains how to c	omplete this forr	m.	1	Total pages Schedule A1: Sch: 13/21 Rpt: 16/26	
2	FILER NAME Texas Medic	al Association Political Action Com	mittee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 03/04/2025	Lipsky, William	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Houston, TX 77096-3913 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	;)		
	Date Full name of contributor out-of-state PAC (ID#:)  102/27/2025 Lyons, Travis D.  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 Instruction South Texas Radiolog					oup, P.A.	
	Date Full name of contributor out-of-state PAC (ID#:)  03/03/2025 Mares, Adolph  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00		
	Princinal occu	Salado, TX 76571-5134 pation / Job title (See Instructions)		Employer (See Instructions	) 		
	Physician			Austin Heart, PLLC	,		
	Date Full name of contributor out-of-state PAC (ID#:)  03/19/2025 McBride, Dan G.  Contributor address; City; State; Zip Code  Aubrey, TX 76227-4012				Amount of Contribution (\$)	\$99.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dan. G. Bride, MD PA	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/01/2025 Mehta, Deval  Contributor address; City; State; Zip Code  Burleson, TX 76028-0281			Amount of Contribution (\$)	\$50.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		

MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 14/21 Rpt: 17/26
2 FILER NAME Texas Medic	cal Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/27/2025	<ul> <li>Full name of contributor</li></ul>	<u>*)</u>	7 Amount of Contribution (\$) \$1,000.00
	San Antonio, TX 78257-1306	1	
8 Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions South Texas Radiology	
Date 03/25/2025	Full name of contributor out-of-state PAC (ID# Miner, Adam Seth  Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$99.00	
	Dallas, TX 75252-5622		
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Adam S. Miner, MD PA	5)
Date 03/17/2025			Amount of Contribution (\$) \$208.34
	Houston, TX 77005-3318		
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions UTMSH - Dept of Neuro	•
Date Full name of contributor out-of-state PAC (ID#:  02/27/2025 Moore, Adam C.  Contributor address; City; State; Zip Code  New Braunfels, TX 78132-0215			Amount of Contribution (\$) \$300.00
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	;)
Date 03/14/2025	Full name of contributor out-of-state PAC (ID# Mota, Estela  Contributor address; City; State; Zip Code  Weimar, TX 78962-3680	<u>†:                                    </u>	Amount of Contribution (\$) \$99.00
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	) ()
			;) 

	MONEI	ARY POLITICAL CONTRIBUTIO	IS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 15/21 Rpt: 18/26	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 02/28/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
_		Austin, TX 78748-3951	_				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions H-E-B Wellness Primary		are - Austin S Congress	
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#:_ Nemeth, Ira R.  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$16.50
	Principal occu	Houston, TX 77025-2403 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Baylor College of Medic	ine	- Emergency Medicine	
	Date Full name of contributor out-of-state PAC (ID#:)  03/17/2025 Norrell, Stacy L.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.34		
	Deinsinal assu	Magnolia, TX 77355-1836		Francis var (Caa Instructions			
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Noble Anesthesia Partne			
	Date Full name of contributor out-of-state PAC (ID#:)  Oz/27/2025 Orsi, Michael Dana  Contributor address; City; State; Zip Code  San Antonio, TX 78232-2824			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup, P.A.	
	Date Full name of contributor out-of-state PAC (ID#:)  02/27/2025 Pallan, Pablo Isaac  Contributor address; City; State; Zip Code  San Antonio, TX 78256-1666				Amount of Contribution (\$)	\$250.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup, P.A.	

	MONEI	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/21 Rpt: 19/26	
2	FILER NAME Texas Medic	cal Association Political Action Committee		3	Filer ID (Ethics Commissio 00015658	n Filers)
4	Date 02/27/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
		Shavano Park, TX 78230-5641				
8	Physician	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology		•	
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Patel, Rupert  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Dringing Lagor	Sugar Land, TX 77498-2377	Franks voy (Coo In atwest is no	<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Gulf Coast Kidney Treat		ent Centers, PLLC	
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#: Pearse, Lee Ann Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$208.34
		Dallas, TX 75244-7703				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Pediatric Cardiologists of		I TX	
	Date 03/09/2025	Full name of contributor out-of-state PAC (ID#: Pillarisetty, Leela Sharath  Contributor address; City; State; Zip Code  Odessa, TX 79765-5058			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	<u> </u> 5)		
	Date  Full name of contributor out-of-state PAC (ID#:)  Poindexter, David P.  Contributor address; City; State; Zip Code  Humble, TX 77347-0876			Amount of Contribution (\$)	\$25.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions David P. Poindexter, ME			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A			
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 17/21 Rpt: 20/26	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 03/16/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Rao, Harish Pulipaka</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
_		Houston, TX 77090-2903	-		Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 03/18/2025	Full name of contributor out-of-state PAC (ID#:_Rhoton, Joel S.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu	Fritch, TX 79036-8138 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician	,		Self Employed	,		
	Date 03/24/2025			)		Amount of Contribution (\$)	\$30.00
		Humble, TX 77339-2518					
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		
	Date 02/28/2025	Date Full name of contributor out-of-state PAC (ID#:)		,		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions Business Owner	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:)  03/11/2025 Rosenfield, Janet  Contributor address; City; State; Zip Code  Tyler, TX 75713-1868				Amount of Contribution (\$)	\$55.00	
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	s)		
			•				

	MONEI	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/21 Rpt: 21/26	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 02/27/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Safo, Adelle A.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Mansfield, TX 76063-4250 pation / Job title (See Instructions)	Employer (See Instructions     Self Employed	  -  s)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/04/2025 Salinas, Heriberto  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Cleburne, TX 76033-6700  Principal occupation / Job title (See Instructions)  Physician  Employer (See Instruction Self Employed					
	Date Full name of contributor out-of-state PAC (ID#:)  02/27/2025 Silva, Ezequiel  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78209-8307 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		South Texas Radiology	Gr	oup, P.A.	
	Date Full name of contributor out-of-state PAC (ID#:)  02/26/2025 Stahlman, Matthew B.  Contributor address; City; State; Zip Code  Austin, TX 78703-1459				Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Cardio Texas	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/27/2025 Stanton, Lonnie D.  Contributor address; City; State; Zip Code  San Benito, TX 78586-8460				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions San Benito Medical Ass		ates, PA	

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 19/21 Rpt: 22/26
2	FILER NAME Texas Medic	cal Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4	Date 03/06/2025	<ul> <li>Full name of contributor  out-of-state PAC (I Street, Austin D.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$25.00
		Dallas, TX 75229-2722		
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions     UT Southwestern Medic	
	Date 03/15/2025	Full name of contributor out-of-state PAC (I Strobel, Gennell DeAn Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$16.50	
		Sherman, TX 75090-5000		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions G. Dean Strobel, MD PA	
	Date 03/10/2025	Full name of contributor out-of-state PAC (ID#:)  Sumer, Baran Devrim  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$99.00
		Dallas, TX 75230-3548		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions UT Southwestern Medic	
	Date 02/27/2025	Full name of contributor out-of-state PAC (I Swart, Jennifer Estelle Contributor address; City; State; Zip Code San Antonio, TX 78209-4629	D#:)	Amount of Contribution (\$) \$500.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	Physician  Date 03/18/2025	Full name of contributor out-of-state PAC (I Syed, Muhammad Ali Contributor address; City; State; Zip Code Richmond, TX 77407-3247	D#:)	Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how t	to complete this for	m.		pages Schedule A1: 20/21 Rpt: 23/26	
2	FILER NAME Texas Medic	al Association Political Action C	Committee		3 Filer II 00015	(Ethics Commission	n Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	`		nt of Contribution (\$)	
4	03/15/2025	Tesfa, Ganana  6 Contributor address; City; Stat			7 Amou	it of Contribution (\$)	\$16.50
		Irving, TX 75063-8413					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Physician	patient / des title (des motidations)		Neurology Associates of		n PA	
		<del>-</del>		Trourelegy / leaderates of			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amour	nt of Contribution (\$)	
	03/03/2025	Villacis, Donna S.					\$200.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78746-7386					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician			OB Hospitalist Group			
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Amour	nt of Contribution (\$)	
	03/09/2025	Vosberg, Jacob L.	out of state 1710 (IBII.		7 11.10 61.		\$50.00
	00/03/2020		to: Zin Codo				Ψ00.00
		Contributor address; City; Stat	te; Zip Code				
		San Antonio, TX 78249-247					
	Drincinal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u>		
	Physician	pation / 300 title (See Instituctions)		Self Employed	,		
				Scii Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amour	nt of Contribution (\$)	
	03/15/2025	Westbrook, Benjamin Jame	es				\$16.50
		Contributor address; City; Stat	te; Zip Code				
		=1 B = TV =0000 =000					
		El Paso, TX 79902-5008					
	•	pation / Job title (See Instructions)		Employer (See Instructions	•		
	Physician			El Paso Head and Neck	Surgery		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amour	nt of Contribution (\$)	
	02/27/2025	White, Steven Clark					\$300.00
		Contributor address; City; Stat	te; Zip Code				
		Lubbock, TX 79423-2922					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician			Self Employed			
			l .				

	MONEI	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instru	ction Guide explains how to comp	lete this form	m.	1	Total pages Schedule A1: Sch: 21/21 Rpt: 24/26	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
		al Association Political Action Committee	<del></del>			00015658	
4	Date 02/28/2025	<ul> <li>Full name of contributor  out-of-sta  Williams, Jonathan Wayne</li> <li>Contributor address; City; State; Zip Cod</li> </ul>	ate PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
•	Dringing con	Sherman, TX 75092-9714	lo.	Employer (Con Instructions			
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	<del></del>		
	Date Full name of contributor out-of-state PAC (ID#:)  03/17/2025 Williams, Paul Brian  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00
		Longview, TX 75605-7706			<u> </u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Urology Specialis		- Longview	
	Date Full name of contributor out-of-state PAC (ID#:)  03/12/2025 Wright, Natalie A.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00		
		Dallas, TX 75206-5841					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  2iemke, Bill Contributor address; City; State; Zip Code  San Antonio, TX 78230-5748		)		Amount of Contribution (\$)	\$500.00	
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup, P.A.	
	Date Full name of contributor out-of-state PAC (ID#:)  02/27/2025 Zink, Walter Earl  Contributor address; City; State; Zip Code  Helotes, TX 78023-4390					Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup, P.A.	
			•				

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 25/26 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Date 5 Corporation / Labor Organization name 6 Amount (\$) 03/22/2025 21,897.48 **Texas Medical Association**

## 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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee Le	ift/Awards/Memorial gal Services he Instruction G				Travel Out of D OTHER (enter	a category not listed above)
1	Total pages Schedule F1:	2	FII FR NAME					3 Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 26/26	_	Texas Medica	al Association	Political Ac	tion Com	mittee	00015658	,
4	Date	5	Payee name						
	02/26/2025		Ciaglia, Kristir						
6	Amount (\$)	7	Payee address;	; City;	State;	; Zip Co	de		
	\$99.00		2408 Peach E	Blossom Ct					
╚	Expenditure from corporate funds		Bedford, TX 7	76021					
8	PURPOSE	(a)	Category	0			(b) Description		
ľ	OF	۱۳۶	Category (See (		the top of this sch	edule)		outside of Texas. Cor	mplete Schedule T.
	EXPENDITURE		Relatia of Col	HUIDUUOH			ш	n, TX, officeholder livin	
l							Refund of Co		
┝	Complete ONLY if direct	<u> </u>	Condidate/Office	holder neme		Office cour	wh+	Office h	vold
9	Complete ONLY if direct expenditure to benefit C/OI	Η ,	Candidate/Office	moluer name	(	Office sou	Jiii	Office fi	leiu
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