

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

| | | | | | | | | | | | | | | | |
|--|---|--|--|------------------------------------|----------------------------------|---------------------------------|------------------------------------|-------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--------------------------------------|-------------------------------------|
| The MPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00016271 | 2 Total pages filed: 52 | | | | | | | | | | | | |
| 3 COMMITTEE NAME Texas Pharmacy Association PAC | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 06/04/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | | | | | | | | | | | | |
| 4 COMMITTEE ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3200 Steck Ave Suite 370 Austin, TX 78757 | | | | | | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST MI CEO RoxAnn | | | | | | | | | | | | | |
| | NICKNAME | LAST SUFFIX Dominguez | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757 | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757 | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 836-8350 | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR) | | | | | | | | | | | | | | |
| 10 MONTHLY REPORT FILING DEADLINE | <table><tr><td><input type="checkbox"/> January 5</td><td><input type="checkbox"/> April 5</td><td><input type="checkbox"/> July 5</td><td><input type="checkbox"/> October 5</td></tr><tr><td><input type="checkbox"/> February 5</td><td><input type="checkbox"/> May 5</td><td><input type="checkbox"/> August 5</td><td><input type="checkbox"/> November 5</td></tr><tr><td><input type="checkbox"/> March 5</td><td><input checked="" type="checkbox"/> June 5</td><td><input type="checkbox"/> September 5</td><td><input type="checkbox"/> December 5</td></tr></table> | | | <input type="checkbox"/> January 5 | <input type="checkbox"/> April 5 | <input type="checkbox"/> July 5 | <input type="checkbox"/> October 5 | <input type="checkbox"/> February 5 | <input type="checkbox"/> May 5 | <input type="checkbox"/> August 5 | <input type="checkbox"/> November 5 | <input type="checkbox"/> March 5 | <input checked="" type="checkbox"/> June 5 | <input type="checkbox"/> September 5 | <input type="checkbox"/> December 5 |
| <input type="checkbox"/> January 5 | <input type="checkbox"/> April 5 | <input type="checkbox"/> July 5 | <input type="checkbox"/> October 5 | | | | | | | | | | | | |
| <input type="checkbox"/> February 5 | <input type="checkbox"/> May 5 | <input type="checkbox"/> August 5 | <input type="checkbox"/> November 5 | | | | | | | | | | | | |
| <input type="checkbox"/> March 5 | <input checked="" type="checkbox"/> June 5 | <input type="checkbox"/> September 5 | <input type="checkbox"/> December 5 | | | | | | | | | | | | |
| 11 PERIOD COVERED | Month Day Year 04/26/2025 THROUGH Month Day Year 05/25/2025 | | | | | | | | | | | | | | |

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

| | | |
|------------------------------------|---|---------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 34,879.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5,910.92 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 122,369.55 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

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

CEO RoxAnn Dominguez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 52

| | | |
|--|---|---|
| 17 COMMITTEE NAME Texas Pharmacy Association PAC | | 18 Filer ID (Ethics Commission Filers) 00016271 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 33,129.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ 150.00 |
| 7. | <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ 1,600.00 |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 5,910.92 |
| 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: 1/46 Rpt: 4/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6002 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam, Bayer <hr/> Contributor address; City; State; Zip Code Vernon, TX 76384-3165 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian, Aguirre <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-2707 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian, Aguirre <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-2707 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Anisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-7912 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/46 Rpt: 5/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aimee, Lusson <hr/> 6 Contributor address; City; State; Zip Code Bulverde, TX 78163-2582 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ameen, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-4399 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amyr, Madhani <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259-2789 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Marie, Benavidez <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-4527 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/46 Rpt: 6/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Marie, Benavidez 6 Contributor address; City; State; Zip Code San Antonio, TX 78230-4527 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arellano, Daisy Contributor address; City; State; Zip Code Austin, TX 78728-3543 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arredondo, Christopher Contributor address; City; State; Zip Code Austin, TX 78758-6762 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Awofisayo, Oluwaseun Contributor address; City; State; Zip Code Austin, TX 78747-1807 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Awofisayo, Oluwaseun Contributor address; City; State; Zip Code Austin, TX 78747-1807 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/46 Rpt: 7/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Kelsey 6 Contributor address; City; State; Zip Code San Antonio, TX 78240-2459 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 04/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Shandra Contributor address; City; State; Zip Code Irving, TX 75039-3317 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bao, Alexis Contributor address; City; State; Zip Code Leander, TX 78641-5317 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basmadjian, Nareg Contributor address; City; State; Zip Code Carrollton, TX 75006-2987 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam Contributor address; City; State; Zip Code Vernon, TX 76384-3165 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/46 Rpt: 8/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle 6 Contributor address; City; State; Zip Code Tatum, TX 75691-3769 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle Contributor address; City; State; Zip Code Tatum, TX 75691-3769 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle Contributor address; City; State; Zip Code Tatum, TX 75691-3769 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben, McNabb Contributor address; City; State; Zip Code Eastland, TX 76448-2536 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law Contributor address; City; State; Zip Code Arlington, TX 76017-1739 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/46 Rpt: 9/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, April 6 Contributor address; City; State; Zip Code Fort Worth, TX 76112-3847 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooklin, Young Contributor address; City; State; Zip Code San Antonio, TX 78216-7832 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooklin, Young Contributor address; City; State; Zip Code San Antonio, TX 78216-7832 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Tatiana Contributor address; City; State; Zip Code San Angelo, TX 76904-8121 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/46 Rpt: 10/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845-5560 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, LaVonia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-4036 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capers, Willie <hr/> Contributor address; City; State; Zip Code Houston, TX 77014-2646 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers, Robert <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-1140 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, High <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-6648 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/46 Rpt: 11/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Nicholas 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132-0188 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian Contributor address; City; State; Zip Code Harlingen, TX 78552-6232 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhadua, Raj Contributor address; City; State; Zip Code Frisco, TX 75035-0051 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ching, Rannon Contributor address; City; State; Zip Code Austin, TX 78738-6067 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ching, Rannon Contributor address; City; State; Zip Code Austin, TX 78738-6067 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/46 Rpt: 12/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ching, Rannon <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738-6067 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cho, Seongeun <hr/> Contributor address; City; State; Zip Code Austin, TX 78726-2409 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Alvarado <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Alvarado <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Alvarado <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/46 Rpt: 13/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Alvarado 6 Contributor address; City; State; Zip Code San Antonio, TX 78253-6283 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Alvarado Contributor address; City; State; Zip Code San Antonio, TX 78253-6283 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck, Sinn Contributor address; City; State; Zip Code San Antonio, TX 78260-7228 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lauren Contributor address; City; State; Zip Code Austin, TX 78757-8213 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comfort, Mark Contributor address; City; State; Zip Code Austin, TX 78729-6479 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/46 Rpt: 14/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cong, James 6 Contributor address; City; State; Zip Code Austin, TX 78717-4594 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coomes, Stephen Contributor address; City; State; Zip Code Aubrey, TX 76227-3979 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Holly Contributor address; City; State; Zip Code Texarkana, TX 75505-7305 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruse, Brittney Contributor address; City; State; Zip Code Sugar Land, TX 77479-6111 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuccia, Jordan Contributor address; City; State; Zip Code Cypress, TX 77429-7107 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/46 Rpt: 15/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Maize <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-6318 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Adaobi <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056-6973 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Theresa <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-2729 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacy Technician | | Employer (See Instructions) |
| Date 05/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Liem <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-6608 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozier, Dawn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7210 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/46 Rpt: 16/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Patricia 6 Contributor address; City; State; Zip Code Channelview, TX 77530-4559 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emfinger, Robert Contributor address; City; State; Zip Code Kemp, TX 75143-0569 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily, Hawley Contributor address; City; State; Zip Code San Antonio, TX 78252-4424 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Eli Contributor address; City; State; Zip Code Austin, TX 78757-6888 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Eli Contributor address; City; State; Zip Code Austin, TX 78757-6888 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/46 Rpt: 17/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Eli <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-6888 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Eli <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-6888 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evel, Kayla <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 72057-0017 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Ricardo <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-1676 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fielder, Marla <hr/> Contributor address; City; State; Zip Code Houston, TX 77064-5412 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/46 Rpt: 18/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frasco, Andrew <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-5412 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-5006 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-5006 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Omar <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602-3219 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GANGADHAR, REVULURI <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259-2478 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/46 Rpt: 19/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Anderson 6 Contributor address; City; State; Zip Code Georgetown, TX 78633-2237 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Rene Contributor address; City; State; Zip Code Austin, TX 78745-5255 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Aaron Contributor address; City; State; Zip Code Andrews, TX 79714-3618 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golubovic, Vildana Contributor address; City; State; Zip Code Bensenville, IL 60106-2016 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Karen Contributor address; City; State; Zip Code Temple, TX 76502-3854 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/46 Rpt: 20/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Matthew <hr/> 6 Contributor address; City; State; Zip Code Woodville, TX 75979-6217 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakam, Amer <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-6668 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Lee Ann <hr/> Contributor address; City; State; Zip Code Detroit, TX 75436-4500 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hearn, Elizabeth <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-5686 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-5288 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/46 Rpt: 21/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobart, Christopher <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423-6165 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michael <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586-2822 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hwang, Kyuwon <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2199 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JP, Powers <hr/> Contributor address; City; State; Zip Code Gilmer, TX 75644-5580 | Amount of Contribution (\$) \$600.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Talavera <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-1802 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/46 Rpt: 22/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Talavera 6 Contributor address; City; State; Zip Code San Antonio, TX 78253-1802 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Werline Contributor address; City; State; Zip Code San Antonio, TX 78260-7217 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Davis Contributor address; City; State; Zip Code Boerne, TX 78015-6580 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Davis Contributor address; City; State; Zip Code Boerne, TX 78015-6580 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Bueche Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/46 Rpt: 23/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Bueche 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Bueche Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jena, Matzen Contributor address; City; State; Zip Code San Antonio, TX 78247-1053 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Stultz Contributor address; City; State; Zip Code San Antonio, TX 78255-1906 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Stultz Contributor address; City; State; Zip Code San Antonio, TX 78255-1906 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/46 Rpt: 24/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jobby <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738-6387 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |

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|---|---|---|
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jobby <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6387 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

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|---|---|---|
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jobby <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6387 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

| | | |
|---|---|---|
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jobby <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6387 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

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| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnathan, Cuevas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259-3619 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/46 Rpt: 25/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Derek 6 Contributor address; City; State; Zip Code Humble, TX 77346-3714 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Alice Contributor address; City; State; Zip Code Austin, TX 78731-2028 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Stephanie Contributor address; City; State; Zip Code Pearland, TX 77581-8835 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin, Washington Contributor address; City; State; Zip Code San Antonio, TX 78249-2551 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle Contributor address; City; State; Zip Code Frisco, TX 75034-2646 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/46 Rpt: 26/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle 6 Contributor address; City; State; Zip Code Frisco, TX 75034-2646 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi, Sirisha Contributor address; City; State; Zip Code Coppell, TX 75019-5985 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie, Bennett Cuellar Contributor address; City; State; Zip Code San Antonio, TX 78254-2717 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelsey, Bailey Contributor address; City; State; Zip Code San Antonio, TX 78240-2459 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelsey, Bailey Contributor address; City; State; Zip Code San Antonio, TX 78240-2459 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/46 Rpt: 27/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Powers <hr/> 6 Contributor address; City; State; Zip Code Linden, TX 75563-5627 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76131-2911 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly, Cauthon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249-4625 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-8181 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinschmidt, Anna <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947-4939 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/46 Rpt: 28/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/04/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramer, Alexis <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628-2387 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramer, Alexis <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-2387 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Larry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-1451 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labus, Sara <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119-8309 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry, Oliver <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-4553 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/46 Rpt: 29/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren, Corrales 6 Contributor address; City; State; Zip Code San Antonio, TX 78244-1986 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren, Corrales Contributor address; City; State; Zip Code San Antonio, TX 78244-1986 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren, Hayden Contributor address; City; State; Zip Code Boerne, TX 78015-6580 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren, Hayden Contributor address; City; State; Zip Code Boerne, TX 78015-6580 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Kenneth Contributor address; City; State; Zip Code Austin, TX 78739-1639 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/46 Rpt: 30/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/04/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Amy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727-6735 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 04/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Joycelyn <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072-9200 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Ann, Hampton <hr/> Contributor address; City; State; Zip Code Detroit, TX 75436-4500 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-3122 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-1466 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/46 Rpt: 31/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco, Vidaurri <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216-2502 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Carvajal <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78237-3202 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, George <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4563 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Dorinda <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669-3050 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Dorinda <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669-3050 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/46 Rpt: 32/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayela, Warner <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78252-4403 | 7 Amount of Contribution (\$) \$101.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228-1943 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEntire, Crystal <hr/> Contributor address; City; State; Zip Code Sweetwater, OK 73666-6302 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/46 Rpt: 33/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-4529 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 04/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-4529 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcanally, Bruce <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3211 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcanally, Bruce <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3211 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrill, Jonathan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78244-1352 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/46 Rpt: 34/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michal, Hernandez <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78542-2523 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Beall <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millican, Jamie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-6988 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica, Payne <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-4919 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moussallie, George <hr/> Contributor address; City; State; Zip Code Edgewood, WA 98371-1408 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/46 Rpt: 35/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murhammer, Payal <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-3793 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christine <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068-2958 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-4653 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas, Casey <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-0188 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas, Casey <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-0188 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/46 Rpt: 36/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma, Reyes 6 Contributor address; City; State; Zip Code San Antonio, TX 78260-4239 | 7 Amount of Contribution (\$) \$110.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Notturmo-Strong, Debra Contributor address; City; State; Zip Code Tuscola, TX 79562-3435 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Krista Contributor address; City; State; Zip Code Kingwood, TX 77339-3744 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ouellette, Craig Contributor address; City; State; Zip Code Wellington, TX 79095-5031 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pahlavan, Navid Contributor address; City; State; Zip Code Allen, TX 75002-5335 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/46 Rpt: 37/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Chantelle <hr/> 6 Contributor address; City; State; Zip Code Fresno, TX 77545-2318 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paruszewski, Kevin <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-7815 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia, Gibbs <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-4482 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete, Powers <hr/> Contributor address; City; State; Zip Code Gilmer, TX 75644-5580 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Tho <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054-6846 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 35/46 Rpt: 38/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/04/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poloyac, Kristine <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4893 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla, Taber <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-5554 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Richie <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-1574 | Amount of Contribution (\$) \$11,000.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Carvajal <hr/> Contributor address; City; State; Zip Code Shavano Park, TX 78230-5626 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Carvajal <hr/> Contributor address; City; State; Zip Code Shavano Park, TX 78230-5626 | Amount of Contribution (\$) \$900.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 36/46 Rpt: 39/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay <hr/> Contributor address; City; State; Zip Code Prague, OK 74864-1501 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Alan <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-1583 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roderick, Sanchez <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-5073 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roderick, Sanchez <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-5073 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/46 Rpt: 40/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roderick, Sanchez <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78257-5073 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Zuleyma <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3103 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Judi <hr/> Contributor address; City; State; Zip Code Meadowlakes, TX 78654-6805 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrina, Griggs <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-9640 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrina, Griggs <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-9640 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/46 Rpt: 41/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sams, Shawn <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605-1515 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraj, Nada <hr/> Contributor address; City; State; Zip Code Houston, TX 77094-1441 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seagroves, Steven <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-2470 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Kelly <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-8408 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selmser, George <hr/> Contributor address; City; State; Zip Code Spring, TX 77386-4473 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/46 Rpt: 42/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn, Ahmad <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78215-1037 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeeler, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-3065 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smock, Douglas <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-9727 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sohn, Ted <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5578 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie, Broekemeier <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-4307 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/46 Rpt: 43/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Studdard, Ellie 6 Contributor address; City; State; Zip Code Austin, TX 78727-3289 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 04/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Sabahat Contributor address; City; State; Zip Code Katy, TX 77494-8237 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbott, Sandra Contributor address; City; State; Zip Code Sugar Land, TX 77478-4009 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanya, Garza Contributor address; City; State; Zip Code San Antonio, TX 78261-2184 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel Contributor address; City; State; Zip Code San Antonio, TX 78204-2386 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 41/46 Rpt: 44/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Laura 6 Contributor address; City; State; Zip Code Weatherford, TX 76085-6935 | 7 Amount of Contribution (\$) \$300.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin Contributor address; City; State; Zip Code Dallas, TX 75204-2358 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Thomas Contributor address; City; State; Zip Code The Colony, TX 75056-2838 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Hang Contributor address; City; State; Zip Code Austin, TX 78726-1936 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valencia, Rebeka Contributor address; City; State; Zip Code San Antonio, TX 78251-4349 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 42/46 Rpt: 45/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Boskerck, Stefanie 6 Contributor address; City; State; Zip Code Austin, TX 78749-1165 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Stephen Contributor address; City; State; Zip Code Austin, TX 78749-4122 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vordenbaumen, Tim Contributor address; City; State; Zip Code Austin, TX 78746-6851 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vordenbaumen, Tim Contributor address; City; State; Zip Code Austin, TX 78746-6851 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Julie Contributor address; City; State; Zip Code Bentonville, AR 72713-3181 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 43/46 Rpt: 46/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warnken, Sandra 6 Contributor address; City; State; Zip Code Austin, TX 78749-2247 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warnken, Sandra Contributor address; City; State; Zip Code Austin, TX 78749-2247 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warnken, Sandra Contributor address; City; State; Zip Code Austin, TX 78749-2247 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warnken, Sandra Contributor address; City; State; Zip Code Austin, TX 78749-2247 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 04/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Charlotte Contributor address; City; State; Zip Code Tyler, TX 75710-1411 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 44/46 Rpt: 47/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbanks, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665-1129 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Loynecia <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-3285 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Brandy <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-4117 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Courtney <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757-8239 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Annie <hr/> Contributor address; City; State; Zip Code Houston, TX 77039-4120 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 45/46 Rpt: 48/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Britney <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-5554 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody, Bonnie <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180-7843 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyld, Germaine <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-3931 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyld, Germaine <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-3931 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeung, Courtney <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-5308 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 46/46 Rpt: 49/52 |
| 2 FILER NAME Texas Pharmacy Association PAC | | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, Min 6 Contributor address; City; State; Zip Code McKinney, TX 75071-0117 | 7 Amount of Contribution (\$) \$4.00 |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) |
| Date 05/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yvonne, Navarro Contributor address; City; State; Zip Code San Antonio, TX 78224-1395 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaheer, Mohammad Contributor address; City; State; Zip Code Friendswood, TX 77546-7912 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |
| Date 05/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamutt, Mark Contributor address; City; State; Zip Code Austin, TX 78750-8535 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) |

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C3:
Sch: 1/1 Rpt: 50/52

2 FILER NAME

Texas Pharmacy Association PAC

3 Filer ID (Ethics Commission Filers)
00016271

4 Date

04/30/2025

5 Corporation / Labor Organization name

Med Care Pharmacy

6 Amount (\$)

50.00

Date

04/30/2025

Corporation / Labor Organization name

Med Care Pharmacy

Amount (\$)

50.00

Date

04/30/2025

Corporation / Labor Organization name

Rose City Pharmacy

Amount (\$)

50.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 51/52

2 FILER NAME

Texas Pharmacy Association PAC

3 Filer ID (Ethics Commission Filers)
00016271

4 Date

04/30/2025

5 Corporation / Labor Organization name

Texas Pharmacy Association

6 Amount (\$)

1,600.00

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: 52/52 | 2 FILER NAME Texas Pharmacy Association PAC | 3 Filer ID (Ethics Commission Filers) 00016271 |
| 4 Date 05/14/2025 | 5 Payee name Bexar County Pharmacy Association | |
| 6 Amount (\$) \$3,910.92 | 7 Payee address; City; State; Zip Code PO Box 100604 San Antonio, TX 78201 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse cost of food & beverages at fundraising event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/06/2025 | Payee name Turkey Creek Gun Club | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 1837 FM 194 Detroit, TX 75460 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food & equipment rental for fundraising event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |