

FORM MPAC
COVER SHEET PG 1

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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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 Julie Johnson U.S. House District 32
		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	\$ 38.25
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 53,318.92
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,555.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 325,219.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Clayton Stewart

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,789.48
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 23,529.44
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	\$ 1,555.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3,250.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/15 Rpt: 4/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Tahir S. <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092-9413	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Health Care, P.L.L.C
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaechi, Nnewueze Stella <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643-4401	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White McClinton Cancer Center - Wac
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustat, Edwin C. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-7513	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beneke, Anita G. <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3285	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard, Philip Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6427	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Children's Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berndt, Robert Barry <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-2554	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Anesthesia Associates of Beaumont
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhuchar, Subodh Kumar <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-3909	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sugarland Med Ped Clinic, PA
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blumenfeld, Scott Alan <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-1944	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brannon, Timothy Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238-1845	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branstetter, Robert M. <hr/> Contributor address; City; State; Zip Code Baton Rouge, LA 70810-6565	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/15 Rpt: 6/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown-Nembhard, Tonya Renee <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-3021	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Beaumont Pediatric Center PLLC
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-3735	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Ching-Yen J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3663	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas ENT Specialists, PA
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chawla, Rishab <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-1085	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH Residency Program
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Angela Pettitt <hr/> 6 Contributor address; City; State; Zip Code Burleson, TX 76028-3661	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Integrative Emergency Services
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drummond, Shaina M. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2127	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleeger, David C. <hr/> Contributor address; City; State; Zip Code Austin, TX 78733-1020	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Colon & Rectal Specialists
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fraser, John J. <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-9121	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Max I. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7208	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center/Parkland Health Res

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/15 Rpt: 8/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, John Thaddeus <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79707-2128	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett-Price, Ivory Cal <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115-6633	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Grace and Mercy Health Clinic, Inc.
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Richard Neal <hr/> Contributor address; City; State; Zip Code Corsicana, TX 75110-2531	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero, Martin G. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-2312	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) M & C Medical Associates, P.A.
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartmann, Aubrey C. <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-8850	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dermatology Partners - Cedar Park

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/15 Rpt: 9/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Steven Ray 6 Contributor address; City; State; Zip Code Dallas, TX 75225-1828	7 Amount of Contribution (\$) \$1,875.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dallas Nephrology Associates
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. Contributor address; City; State; Zip Code Waco, TX 76712-7565	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Ken C. Contributor address; City; State; Zip Code Fort Worth, TX 76107-1907	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Hopper Group-Hopper Health Strategies
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Robert Lee Contributor address; City; State; Zip Code San Antonio, TX 78217-3410	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners Texas(USAP)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd Contributor address; City; State; Zip Code Helotes, TX 78023-4492	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/15 Rpt: 10/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illahi, Omer A. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-3015	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Southwest Orthopedic Group, LLP
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-7753	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jessica Trevino <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-2906	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Health San Antonio-Mays Cancer Ctr
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary S. <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033-1174	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Metropolitan Anesthesia Consultants, LLP
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Felicia L. <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406-1544	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kelsey-Seybold Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/15 Rpt: 11/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jumper, Cynthia Ann <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424-5001	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Alisha Emmett <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-4201	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Audie L. Murphy Memorial Veterans Hospital
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David Tyler <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-7174	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Lan Thanh <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-7703	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Physical Medicine and Rehabilitation - Fort Worth
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, David <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-4322	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David Maldonado, III, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/15 Rpt: 12/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Samuel E. <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550-7440	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMB
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAdams, C. Gordon <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-6011	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Barry Dale <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-4014	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP (Anesthesia Consultants of Dallas ACD Divisi
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nemeth, Ira R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2403	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Emergency Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Vinh Q. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030-4000	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) MD Anderson Cancer Center
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noelke, Elisabeth L. <hr/> Contributor address; City; State; Zip Code Mertzon, TX 76941-0529	Amount of Contribution (\$) \$360.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L. <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Noble Anesthesia Partners
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Reilly, Martha L. <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634-2001	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Clifton Physicians Group
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oquendo Rincon, Marcial Andres <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-6418	Amount of Contribution (\$) \$3,651.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Guadalupe Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/15 Rpt: 14/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Udaya Bhaskar <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010-1145	7 Amount of Contribution (\$) \$1,875.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) USAP
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7703	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Cardiologists of N TX
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrik, Edward Wayne <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681-1238	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Myphuong T. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-6721	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Orthopedics & Sports Medicine -
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pivalizza, Evan G. <hr/> Contributor address; City; State; Zip Code Flint, TX 75762-2801	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTHSC Tyler Faculty Practice

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/15 Rpt: 15/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P. <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77347-0876	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) David P. Poindexter, MD
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Angel Manuel <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-4161	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso OB/GYN Group
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Elizabeth Norweb <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-3872	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Denton County Medical Society
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Jon <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-3872	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) EVP/CEO		Employer (See Instructions) Dallas County Medical Society
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, John Stuart <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-4203	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) A & C Anesthesiology PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/15 Rpt: 16/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Rahul 6 Contributor address; City; State; Zip Code Houston, TX 77006-4748	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) MD Anderson Fellows
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharma, Meenu Contributor address; City; State; Zip Code Fort Worth, TX 76126-6106	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharma, Naginder Contributor address; City; State; Zip Code Fort Worth, TX 76126-6106	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Heart & Vascular
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siy, Linda M. Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acclaim Physician Group
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stetson, Cloyce L. Contributor address; City; State; Zip Code Lubbock, TX 79424-4134	Amount of Contribution (\$) \$945.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ Health Sciences Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/15 Rpt: 17/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesfa, Ganana <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-8413	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Neurology Associates of Arlington, PA
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne S. Margolis, MD PA <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77720-0236	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Mark Berton <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) San Antonio Skin & Cancer Clinic
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whistler Ridge PA <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/15 Rpt: 18/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Robert E. <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712-8563	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Alisha Y. <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-3484	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Critical Care Medicine
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhang-Rutledge, Kathy <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-2609	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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: 19/21

2 FILER NAME

Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers)
00015658

4 Date

05/22/2025

5 Corporation / Labor Organization name

Texas Medical Association

6 Amount (\$)

23,529.44

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: 20/21	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/01/2025	5 Payee name Blanco, Xiomara Porta	
6 Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1200 W 3rd St Weslaco, TX 78596-5610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/07/2025	Payee name Julie Johnson for Congress	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 802765 Dallas, TX 75380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Julie Johnson, U.S. HOUSE TX 32
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 21/21
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 05/13/2025	5 Name of person from whom amount is received Brent Money for Texas	8 Amount (\$) \$250.00
	6 Address of person from whom amount is received; City; State; Zip Code Greenville, TX 75401	
	7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer previously issued check for political contribution had expired before it was deposited	
Date 05/13/2025	Name of person from whom amount is received Ken King for State Representative	Amount (\$) \$2,000.00
	Address of person from whom amount is received; City; State; Zip Code Canadian, TX 79014	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer previously issued check for political contribution had expired before it was deposited	
Date 05/13/2025	Name of person from whom amount is received Matt Morgan for Texas	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Richmond, TX 77406	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer previously issued check for political contribution had expired before it was deposited	