MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015658	2 Total pages filed: 122
3 COMMITTEE NAME		1	OFFICE USE ONLY
Texas Medical As	sociation Political Action Committee		Date Received
			ELECTRONICALLY FILED 07/07/2025
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	401 W. 15th St.		
	Austin, TX 78701		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER NAME	Mr. Clayton		Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed
	Stewart		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER STREET	401 W. 15th Street		
ADDRESS			
(Residence or Business)	Austin, TX 78701		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER MAILING	401 W. 15th Street		
ADDRESS			
	Austin, TX 78701		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 370-1365		
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING	January 5 Apri	I 5 X July 5	October 5
DEADLINE	February 5 May	August 5	November 5
	March 5		December 5
11 PERIOD	Month Day Year	Month	Day Year
COVERED	05/26/2025	THROUGH 06/25/2	
	1	- 5, - 6, -	
	GO	TO PAGE 2	
Forms provided by Te	xas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.f10d0fd8

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	13	3 Filer ID (Ethics Commission Filers)
Texas Medical Association Political Ac	tion Committee	00015658
14 COMMITTEE 1. Candidates ACTIVITY (Identify by name or, applicable, classify b)	if y party.) A. Supported Rep. John McQueeney State Re	epresentative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date an of election and nature	d location e of issue.)	
	B. Opposed	
3. Officeholder Assisted (Identify by name or, applicable, classify b	if	
TOTALS PLEDGES, CONTRIBU	TEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN LOANS, OR GUARANTEES OF LOANS, OR TIONS MADE ELECTRONICALLY) his report qualifies for the higher itemization threshold	\$ 0.00
	DLITICAL CONTRIBUTIONS AN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 137,550.30
EXPENDITURE 3. TOTAL UNI TOTALS	TEMIZED POLITICAL EXPENDITURES	\$ 0.00
4. TOTAL PC	DLITICAL EXPENDITURES	\$ 98,978.00
	ITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D/ PORTING PERIOD	AY \$ 253,284.56
	NCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH DF THE REPORTING PERIOD	IE \$ 0.00
16 AFFIDAVIT		1
	I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.	
	Mr. Claytor	n Stewart
	Signature of Camp	paign Treasurer
AFFIX NOTARY STAMP / SEAL /	ABOVE	
Sworn to and subscribed before me, by th	e said, this	s the day
	o 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
Forms provided by Texas Ethics Commiss	ion www.ethics.state.tx.us	Version V4.1.0.f10d0fd8

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 3 of 122
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers
exas Medical Associatio	on Political Action Corr	mittee		00015658	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Jared Patterson S	itate Representative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Tom Oliverson St	ate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	 Officeholders Assisted 				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Giovanni Capriglio	ne State Representativ	е
(Attach lists on plain paper to complete this report if necessary.)		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.)				

MONTHLY FI	LING GPAC F	EPORT	PURPOSE		FORM MPAC ADDENDUM Page 4 of 122
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
exas Medical Associatio	on Political Action Com	nmittee		00015658	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Jeff Leach State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Katrina Pierson State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Lauren Simmons State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

MONTHLY FI	LING GPAC F	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 5 of 122
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
exas Medical Associatio	on Political Action Com	nmittee		00015658	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Caroline Fairly State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Suleman Lalani State	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Angelia Orr State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and	A. Supported			
	nature of issue.)	B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 6 of 12
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers
exas Medical Associatio	on Political Action Corr	mittee		00015658	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Ann Johnson State	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Elizabeth "Liz" Car	npos State Represent	ative
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. John Bucy State F	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

MONTHLY FI	LING GPAC R	EPORT	: PURPOSE			FORM MPAC
						Page 7 of 12
2 COMMITTEE NAME exas Medical Associatic	on Political Action Com	nmittee		:	13 Filer ID 00015658	(Ethics Commission Filers
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Dustin Burrov	vs State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Nicole Collier	State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Philip Cortez	State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC
					Page 8 of 122
2 COMMITTEE NAME exas Medical Association	on Political Action Com	nmittee		13 Filer ID 00015658	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Todd Hunter State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Joe Moody State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Bryan Hughes State	Senator	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

MONTHLY FI	LING GPAC R	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 9 of 122
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	on Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Ryan Guillen Stat	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		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				
COMMITTEE	applicable, classify by party.) 1. Candidates	A. Supported	Don Mike Schofield St		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Rep. Mike Schofield St	ale Representative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Greg Abbott Governor		
(Attach lists on plain paper to complete this report if necessary.)		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.)				
	approase, encomy by party.)	1			

MONTHLY FIL	ING GPAC F	EPORT:	PURPO	SE		FORM MPAC
						Page 10 of 122
12 COMMITTEE NAME Texas Medical Associatio	n Political Action Con	nmittee			13 Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Chris Tu	urner State Re		
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dan Patrick	Lieutenant Go	vernor	
(Attach lists on plain paper to complete this report if necessary.)		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.)					

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

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17 COMMITT Texas Me	EE NAME dical Association Political Action Committee	18 Filer ID 00015658	(Ethics Commission Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 27,043.23
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 32,871.00
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 77,636.07
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. X	SCHEDULE E: LOANS		\$ 0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$ 98,978.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/26 Rpt: 12/122
2 FILER NAME Texas Medic	cal Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 06/06/2025	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/06/2025	Aamer Wali Janjua MD PA 6 Contributor address; City; State; Zip Code		
	Beaumont, TX 77706-2581		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Date 06/03/2025	Full name of contributor out-of-state PAC (ID#: Adler, Max F. Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$99.
	Frisco, TX 75033-1406	(2) to struction	
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Legacy Dermatology, Pl	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Aggarwal, Ajay K.		\$99.
	Houston, TX 77005-1048 Ipation / Job title (See Instructions)	Employer (See Instructions	
Physician		Ajay K. Aggarwal MD P	1
Date 05/27/2025	Full name of contributor out-of-state PAC (ID#: Ahmad, Anwar Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$99.
	Houston, TX 77063-1516		
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions East Texas Cardiology,	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Amy Sikes MD PA)	Amount of Contribution (\$) \$99.
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79423		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)

	The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 2/26 Rpt: 13/122
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		al Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)
	06/03/2025	Andre P Desire, MD PA		\$99.00
		6 Contributor address; City; State; Zip Code		
Ļ		Wichita Falls, TX 76301-5040		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	IS)
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
	05/28/2025	Andrews, Charles Porter		\$99.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78230-2052		
		pation / Job title (See Instructions)	Employer (See Instructions	IS)
	Physician		Self Employed	•
	Date	Full name of contributor out-of-state PAC) (ID#:)	Amount of Contribution (\$)
	05/30/2025	Baker, Dudley D.		\$300.00
		Contributor address; City; State; Zip Code		
		Spring, TX 77379-2917		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	lis)
	Physician		Northwest Women's Ce	enter
	Date	Full name of contributor out-of-state PAC)	Amount of Contribution (\$)
	05/28/2025	Barrash, J. Martin		\$25.00
		Contributor address; City; State; Zip Code		
		Hauster TV 77000 2001		
	Drizzinal agou	Houston, TX 77096-3901	Employer (Coo Instruction	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	IS)
╞	-			
	Date 06/19/2025	Full name of contributor out-of-state PAC Dassin, Alan S.) (ID#:)	Amount of Contribution (\$) \$99.00
	00/19/2025			φυσ.ου
		Contributor address; City; State; Zip Code		
		Lufkin, TX 75901-6019		
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	ls)
	Physician		Angelina Surgical Assoc	ociates
			1	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/26 Rpt: 14/122
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Medi	cal Association Political Action Committee		00015658
4 Date 06/02/2025	5 Full name of contributor out-of-state PAC (ID#: Berger, Alisa M.)	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code		· · · ·
	College Station, TX 77845-8807		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	δ)
Physician		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/15/2025		/	\$16.50
00/13/2023			ψ±0.50
	Contributor address; City; State; Zip Code		
Dringinglagg	Sugar Land, TX 77479-3909		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		Sugarland Med Ped Clir	nic, PA
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/28/2025	Bolinger, C. Winston		\$99.00
	Contributor address; City; State; Zip Code Nacogdoches, TX 75965-8714		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Physician		Self Employed	·//
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/09/2025	Brown, Letrice		\$55.00
	Contributor address; City; State; Zip Code		
	Pilot Point, TX 76258		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Business Ov	wner	Business Owner	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/15/2025	—		\$16.50
	Contributor address; City; State; Zip Code		
	Beaumont, TX 77706-3021		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	Γ δ)
Physician		Beaumont Pediatric Cer	
		<u> </u>	

			1 Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this f	orm.	Sch: 4/26 Rpt: 15/122	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	cal Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/27/2025	Browning, John C.			\$300.00
	6 Contributor address; City; State; Zip Code		1	
	San Antonio, TX 78209-2811			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Texas Dermatology-Ala	-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	+
05/28/2025				\$300.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78401-3527			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician	•	Driscoll Childrens Hosp		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/20/2025	Butler, Robert E.			\$300.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-3920			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Austin Ear, Nose & Thro		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/19/2025	Canci, Maria			\$99.00
	Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76180			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician		Self Employed	-)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
06/17/2025	Cardenas, Carlos Javier	/		\$208.34
	Contributor address; City; State; Zip Code		•	
	McAllen, TX 78501-3735			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		South Texas Gastroente	erology	

				
The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 5/26 Rpt: 16/122	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	- lical Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/28/2025	Carter, Kimberly		\$	\$300.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78731-3764		<u> </u>	
8 Principal occi Physician	cupation / Job title (See Instructions)	9 Employer (See Instructions University Physician Gro		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	00
06/20/2025				\$99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77089-6097			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician		Innova Pain Center	-)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/28/2025				\$99.00
	Contributor address; City; State; Zip Code			
	Longview, TX 75604-2727			
-	cupation / Job title (See Instructions)	Employer (See Instructions		
Physician		CHRISTUS Good Shep	herd	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/28/2025	Chastain, Paige B.			\$55.00
l	Contributor address; City; State; Zip Code		1	
	Longview, TX 75604-2727			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions		
Business O		Business Owner	5)	
			1	
Date 06/17/2025	Full name of contributor out-of-state PAC (ID#:_ Chun, Christopher Sung Jin)	Amount of Contribution (\$)	\$208.34
UU/11/2020			- ···	3200.J .
	Contributor address; City; State; Zip Code			
	Dallas, TX 75244-7446			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Epic Pain and Orthoped	lics	
		.1		
1				

-	The Instru	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 17/122	
2 F	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		cal Association Political Action Committee				00015658	
	Date	5 Full name of contributor out-of-state PAG	.C (ID#:)	7	Amount of Contribution (\$)	
(06/10/2025	Church, Daniel G.		ļ			\$100.00
	I	6 Contributor address; City; State; Zip Code			1		
		1					
		San Antonio, TX 78231-1276					
8 F	Principal occu	upation / Job title (See Instructions)	ţ	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
F	Physician			South Texas Radiology	Gr	oup, P.A.	l
. [Date	Full name of contributor out-of-state PAG	•C (ID#:)	Γ	Amount of Contribution (\$)	
(06/09/2025	Cleaves, Wilbur Ratliff	-				\$99.00
	I	Contributor address; City; State; Zip Code					
		1					
		1					
		Corpus Christi, TX 78404-1734					
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Self Employed			
	Date	Full name of contributor 🔲 out-of-state PAG	.C (ID#:)	Γ	Amount of Contribution (\$)	
0	06/10/2025	Clement, John P.					\$1,000.00
	I	Contributor address; City; State; Zip Code			1		
		1					
		San Antonio, TX 78215-1196					
		ipation / Job title (See Instructions)		Employer (See Instructions			
F	Physician			South Texas Radiology	Gr	oup, P.A	
[Date	Full name of contributor out-of-state PAG	C (ID#:)	Γ	Amount of Contribution (\$)	
(05/27/2025	Cohen, Brian M.					\$99.00
	1	Contributor address; City; State; Zip Code					
		1					
L_		Dallas, TX 75248-3923			Ĺ		
		upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician		<u> </u>	Self Employed	—		
	Date	Full name of contributor out-of-state PAG	،C (ID#:)		Amount of Contribution (\$)	:== 20
	05/27/2025	Cohen, Razelle M Wolf]		\$55.00
		Contributor address; City; State; Zip Code					
		1					
		Dallas, TX 75248-3923					
F	Principal occu	I upation / Job title (See Instructions)		Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Business Ov			Business Owner	,		
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	The Instru	ction Guide explains how to compl	ete this fo	orm.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 18/122	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee				00015658	
4	Date	5 Full name of contributor out-of-stat	ate PAC (ID#:)	7	Amount of Contribution (\$)	
	06/04/2025	Cooke, Becky					\$55.00
	l	6 Contributor address; City; State; Zip Code					
		1					
_	Duin sized easy	Abilene, TX 79605-4906			ŕ		
8	•	upation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Business Ow			Business Owner	—		
	Date		te PAC (ID#:)		Amount of Contribution (\$)	
	06/03/2025	Crocker, Linda					\$55.00
		Contributor address; City; State; Zip Code					
		1					
		Abilene, TX 79605-4815		- · · · · · · ·	Ļ		
		upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Business Ow	/ner		Business Owner	_		
	Date		ate PAC (ID#:)		Amount of Contribution (\$)	_
	06/06/2025	David E. Parkus, M.D., P.A.]		\$99.00
	I	Contributor address; City; State; Zip Code			1		
		1					
		Beaumont, TX 77706		/2	Ļ		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
					—		
	Date		ate PAC (ID#:)		Amount of Contribution (\$)	
	06/03/2025	David E. Teitelbaum, DO PA					\$100.00
		Contributor address; City; State; Zip Code	е				
		1					
⊢	Drinsipal agai	Fort Worth, TX 76107		Employer (Coo Instructions			
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
		 			—		
	Date		ate PAC (ID#:)		Amount of Contribution (\$)	+
	06/12/2025	Day, Calvin L.					\$300.00
		Contributor address; City; State; Zip Code	е				
		1					
		Con Antonio TV 79200-2221					
	Dringingl oog	San Antonio, TX 78209-2221	ı	Employer (Soo Instructions	$\sum_{i=1}^{n}$		
	Principal occu Physician	upation / Job title (See Instructions)		Employer (See Instructions Skin Cancer Dermatolog			
	Physician]	SKIII Calicer Dermanolog	Ĵу _		

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 8/26 Rpt: 19/122	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/10/2025	Denson, Melody A.			\$99.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78732-2082			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Physician		Urology Austin PLLC		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/03/2025	Desire, Andre			\$55.00
	Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76309-1015	<u> </u>		
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Physician		Andre P Desire, MD PA		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/04/2025	Desire, Andre			\$99.00
	Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76309-1015			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Physician		Andre P Desire, MD PA		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/03/2025	Desire, Sukie			\$55.00
	Contributor address; City; State; Zip Code			
	Wishita Falls TV 76200-1015			
Dringinal occu	Wichita Falls, TX 76309-1015	Employer (See Instructions)	<u></u>	
Administrativ	upation / Job title (See Instructions)	Employer (See Instructions) The Heart Clinic)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* ^^ 00
06/03/2025	Faro, Sebastian			\$99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77005-2745			
Bringinal occu		Employer (See Instructions)	<u></u>	
Phncipal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions) Self Employed)	
FIIySician				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 9/26 Rpt: 20/122
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Medic	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/28/2025	Faro, Sharon		\$55.00
	6 Contributor address; City; State; Zip Code		4
	Houston, TX 77005-2745		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Business Ov	vner	Business Owner	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025	Fine, Robert Lee		\$300.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75205-2830		
	pation / Job title (See Instructions)	Employer (See Instructions	
Physician		Supportive and Pallative	e Care Clinic BUMC
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/28/2025	Fischer, Conrad A.		\$149.00
	Contributor address; City; State; Zip Code		1
	League City, TX 77573-0833		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Physician		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/22/2025	Foreman, Michael Lynn		\$300.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75214-2924	1	
-	pation / Job title (See Instructions)	Employer (See Instructions	
Physician		Urgent Surgery Associa	ates, PA
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/28/2025	Foster, Robert A.		\$300.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78731-2832	i	
-	pation / Job title (See Instructions)	Employer (See Instructions	
Physician		Texas Orthopedics, Spo	orts and Rehabilitation Assoc

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 21/122	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Medic	cal Association Political Action Committee			00015658	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/28/2025	Frazier, Rachel				\$55.00
	00,	6 Contributor address; City; State; Zip Code		ł		
		Contributor address, City, State, Zip Coue				
	ļ	1				
	ļ	Houston, TX 77019-1401				
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u>і</u> 5)		
	Business Ow		Business Owner	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Г	Amount of Contribution (\$)	
	05/27/2025	Gerald Greenfield, MD PA	/			\$300.00
	0512112025			ł		Φ300.00
		Contributor address; City; State; Zip Code				
		1				
		San Antonio, TX 78229				
┝	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Philicipal occu	pation / Job tille (See instructions)	Employer (See Instructions	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/05/2025	Godfrey, Cameron Dean				\$1,000.00
	ļ	Contributor address; City; State; Zip Code]		
	ļ	1				
		1				
		Wichita Falls, TX 76308-1202				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Texoma ENT & Allergy			
	Date	Full name of contributor out-of-state PAC (ID#:_	<u></u>)	Γ	Amount of Contribution (\$)	
	05/28/2025	Gothard, Sander J.				\$300.00
	1	Contributor address; City; State; Zip Code		1		
		1				
		Plano, TX 75093-7565				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Village Health Partners	- V	/PMV	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Γ	Amount of Contribution (\$)	
	06/25/2025	Grebennikov, Vladimir A.	,			\$99.00
	00,20,200	Contributor address; City; State; Zip Code		ł		400.00
		Continuutor address, City, State, Zip Code				
		1				
	ļ	Richardson, TX 75080-6215				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	Physician		A-Care Medical PA	5)		
\vdash						

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 11/26 Rpt: 22/122
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of Contribution (\$)
	06/15/2025	Griffin, William C.		\$33.00
	ļ	6 Contributor address; City; State; Zip Code		1
	ļ			
Ļ		Sonora, TX 76950-7132	<u> </u>	
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	
	Physician		Lillian M Hudspeth Mem	norial Hospital
	Date	Full name of contributor out-of-state PAC (ID#	ť:)	Amount of Contribution (\$)
	06/10/2025	Gurian, John H.		\$450.00
	ļ	Contributor address; City; State; Zip Code]
	ļ			
		San Antonio, TX 78230-5651		
		pation / Job title (See Instructions)	Employer (See Instructions	,
	Physician		South Texas Radiology	Group, P.A.
	Date	Full name of contributor Out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	05/29/2025	HLBMD PA		\$99.00
	ļ	Contributor address; City; State; Zip Code		1
	ļ			
		Longview, TX 75607-7969		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	06/03/2025	Haley, John Marshall		\$99.00
	ļ	Contributor address; City; State; Zip Code		1
	ļ			
	ļ			
		Dallas, TX 75214-1933	· · · · · ·	
		pation / Job title (See Instructions)	Employer (See Instructions	
	Physician		Garland Eye Associates	s, PA
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	06/03/2025	Haley, Stephanie		\$55.00
	ļ	Contributor address; City; State; Zip Code]
		Dallas, TX 75230-5407		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Business Ow	vner	Business Owner	
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05/28/2025 Hall, Pamela Ann \$1,875.00 6 Contributor address; City; State; Zip Code \$1,875.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician 9 Employer (See Instructions) Amount of Contribution (\$) 05/28/2025 Full name of contributor out-of-state PAC (ID#:	L						
Texas Medical Association Political Action Committee 00015658 4 Date 5 Full name of contribution in the procent state PAC (Demotion Contribution (S) is 1,875.00 7 Amount of Contribution (S) is 1,875.00 6 Contributor address: City: State: Zip Code 5 an Antonio, TX 78209-9091 9 Employer (See Instructions) Hospitality Health ER 9 Principal occupation / Job title (See Instructions) Phil name of contributor in out-of-state PAC (Demotion Contribution (S) Contribution address; City: State: Zip Code Amount of Contribution (S) S300.00 05/28/2025 Full name of contributor in out-of-state PAC (Demotion S) Self Employer (See Instructions) Amount of Contribution (S) S300.00 05/28/2025 Full name of contributor in out-of-state PAC (Demotion S) Self Employer (See Instructions) Amount of Contribution (S) S300.00 06/25/2025 Full name of contributor in out-of-state PAC (Demotion S) Self Employed Amount of Contribution (S) S300.00 06/25/2025 Full name of contributor in out-of-state PAC (Demotion S) Self Employed Amount of Contribution (S) S300.00 06/25/2025 Full name of contributor in out-of-state PAC (Demotion S) Self Employed Amount of Contribution (S) S300.00 06/25/2025 Full name of contributor in out-of-state PAC (Demotion S) Self Employed Amount of Contribution (S) S300.00 06/10/2025 Full name of contributor in out-of-state PAC (Demotion S) Self Employeed <t< td=""><th></th><td>The Instru</td><td>ction Guide explains how to complete this f</td><td>orm.</td><td>1</td><td></td><td></td></t<>		The Instru	ction Guide explains how to complete this f	orm.	1		
Texas Medical Association Political Action Committee 00015658 4 Date 5 Full name of contributor out-of-state PAC (Dat) 7 Amount of Contribution (\$) 6 Contributor address; City, State, Zip Code 5 an Antonio, TX 78209-9091 9 Employer (See Instructions) 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 7 OS/28/2025 Full name of contributor out-of-state PAC (Dat) Amount of Contribution (\$) 7 OS/28/2025 Full name of contributor out-of-state PAC (Dat) Amount of Contribution (\$) 7 OS/28/2025 Full name of contributor out-of-state PAC (Dat) Amount of Contribution (\$) 7 Os/28/2025 Full name of contributor out-of-state PAC (Dat) Amount of Contribution (\$) 7 Os/28/2025 Full name of contributor out-of-state PAC (Dat) Amount of Contribution (\$) 7 Os/28/2025 Full name of contributor out-of-state PAC (Dat) Amount of Contribution (\$) 7 Os/28/2025 Full name of contributor out-of-state PAC (Dat) Amount of Contribution (\$) 7 Os/28/2025 Full name of contributor out-of-state PAC (Dat) Amount of Contribution (\$) 7 Os/28/2025 Full name of contributor out-of-state PAC (Dat) Am	2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
05/28/2025 Hall, Pamela Ann \$1,875.00 6 Contributor address; City; State; Zip Code \$1,875.00 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Amount of Contributor Amount of Contribution (\$) \$300.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$300.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (Der		Texas Medic	al Association Political Action Committee				-
6 Contributor address; City; State; Zip Code San Antonio, TX 78209-9091 Principal occupation / Job title (See Instructions) Physician Pull name of contributor Date Full name of contributor 05/28/2025 Hancher, Tom B. Contributor address; City; State; Zip Code Amount of Contribution (\$) Columbus, TX 78934-2012 Employer (See Instructions) Physician Self Employed Date Full name of contributor 06/25/2025 Harman, Louis E. Contributor address; City; State; Zip Code Amount of Contribution (\$) Self Employed Amount of Contribution (\$) 06/25/2025 Harman, Louis E. Contributor address; City; State; Zip Code Amount of Contribution (\$) Self Employed Self Employed Date Dalas, TX 75230-4120 Phincipal occupation / Job title (See Instructions) Employer (See Instructions) Physician Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/10/2025 Full name of contributor out-of-state PAC (toe: Amount of Contribution (\$) 06/09/2025 Full name of contributor out-of-state PAC (toe: Amount	4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Amount of Contribution (\$) 0xi-of state PAC (IDF; Amount of Contribution (\$) 05/28/2025 Full name of contributor oxi-of state PAC (IDF; Amount of Contribution (\$) 05/28/2025 Full name of contributor oxi-of state PAC (IDF; Amount of Contribution (\$) 06/28/2025 Full name of contributor oxi-of state PAC (IDF; Amount of Contribution (\$) 06/25/2025 Full name of contributor oxi-of state PAC (IDF; Amount of Contribution (\$) 06/25/2025 Full name of contributor oxi-of state PAC (IDF; Amount of Contribution (\$) 06/25/2025 Full name of contributor oxi-of state PAC (IDF; Amount of Contribution (\$) 06/25/2025 Full name of contributor oxi-of state PAC (IDF; Amount of Contribution (\$) 06/10/2025 Heart and Vascular of Central Texas PA Amount of Contribution (\$) 06/10/2025 Heart and Vascular of Central Texas PA Amount of Contribution (\$) 06/09/2025 Full name of contributor oxi-of state PAC (IDF; Amount of Contribution (\$)		05/28/2025					\$1,875.00
San Antonio, TX 78209-9091 Principal occupation / Job title (See Instructions) Physician P Employer (See Instructions) Hospitality Health ER Date 06/28/2025 Full name of contributor out-of-state PAC (Det) Contributor address; City; State; Zip Code Amount of Contribution (S) S300.00 Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) Self Employed Amount of Contribution (S) Self Employed Date 06/25/2025 Full name of contributor Lamman, Louis E. Amount of Contribution (S) Self Employed Amount of Contribution (S) Self Employed Date 06/25/2025 Full name of contributor Dallas, TX 75230-4120 Employer (See Instructions) Self Employed \$300.00 Principal occupation / Job title (See Instructions) Physician Self Employed Amount of Contribution (S) Self Employed \$300.00 Date 06/25/2025 Full name of contributor out-of-state PAC (Det) Amount of Contribution (S) Self Employed \$300.00 Date 06/10/2025 Full name of contributor out-of-state PAC (Det) Amount of Contribution (S) Self Employed \$39.00 Date 06/09/2025 Full name of contributor out-of-state PAC (Det) Amount of Contribution (S) Self Employed \$39.00 Date 06/09/2025 Full name of contributor out-of-state PAC (Det) Amount of Contribution		ļ			ł		
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) Hospitality Health ER Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) \$300.00 05/28/2025 Hancher, Tom B. Contributor address; City; State; Zip Code Amount of Contribution (S) \$300.00 Contributor address; City; State; Zip Code Columbus, TX 78934-2012 Employer (See Instructions) Amount of Contribution (S) \$300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Amount of Contribution (S) \$300.00 06/25/2025 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) \$300.00 06/25/2025 Harman, Louis E. Contributor address; City; State; Zip Code Amount of Contribution (S) \$300.00 06/25/2025 Harman, Louis E. Employer (See Instructions) Amount of Contribution (S) \$300.00 06/25/2025 Full name of contributor out-of-state PAC (ID#		ļ					
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) Hospitality Health ER Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) \$300.00 05/28/2025 Hancher, Tom B. Contributor address; City; State; Zip Code Amount of Contribution (S) \$300.00 Contributor address; City; State; Zip Code Columbus, TX 78934-2012 Employer (See Instructions) Amount of Contribution (S) \$300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Amount of Contribution (S) \$300.00 06/25/2025 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) \$300.00 06/25/2025 Harman, Louis E. Contributor address; City; State; Zip Code Amount of Contribution (S) \$300.00 06/25/2025 Harman, Louis E. Employer (See Instructions) Amount of Contribution (S) \$300.00 06/25/2025 Full name of contributor out-of-state PAC (ID#		ļ					
Physician Hospitality Health ER Date Full name of contributor out-of-state PAC (ID):							
Date Full name of contributor out-of-state PAC (ID#:	8		pation / Job title (See Instructions)		;)		
05/28/2025 Hancher, Tom B. \$300.00 Contributor address; City; State; Zip Code Columbus, TX 78934-2012 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$300.00 06/25/2025 Harman, Louis E. Contributor address; City; State; Zip Code Amount of Contribution (\$) \$300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed \$300.00 Date Dallas, TX 75230-4120 Employer (See Instructions) Self Employed \$300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed \$300.00 06/10/2025 Full name of contributor out-of-state PAC (ID#		Physician		Hospitality Health ER			
Contributor address; City; State; Zip Code Columbus, TX 78934-2012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Amount of Contribution (\$) 06/25/2025 Full name of contributor out-of-state PAC ([D#:		Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Columbus, TX 78934-2012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (D#) 06/25/2025 Harman, Louis E. \$300.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Employed Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Heart and Vascular of Central Texas PA Amount of Contribution (\$) 06/10/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 06/09/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 06/09/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 06/09/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 06/09/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$)		05/28/2025					\$300.00
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Contributor address; City; State; Zip Code Dallas, TX 75230-4120 Principal occupation / Job title (See Instructions) Physician Date Full name of contributor O6/10/2025 Heart and Vascular of Central Texas PA Contributor address; City; State; Zip Code Round Rock, TX 78681-3576 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Amount of Contribution (\$) (\$99.00 Contributor address; City; State; Zip Code Round Rock, TX 78681-3576 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) O6/09/2025 Hitt, Dawn Contributor address; City; State; Zip Code Belton, TX 76513-5135 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
Dallas, TX 75230-4120 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Round Rock, TX 78681-3576 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) O6/09/2025 Hitt, Dawn Contributor address; City; State; Zip Code Amount of Contribution (\$) Belton, TX 76513-5135 Employer (See Instructions)		06/25/2025	Harman, Louis E.				\$300.00
Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#:) Heart and Vascular of Central Texas PA Amount of Contribution (\$) 06/10/2025 Heart and Vascular of Central Texas PA \$99.00 Contributor address; City; State; Zip Code Round Rock, TX 78681-3576 \$99.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$99.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/09/2025 Hitt, Dawn \$55.00 \$55.00 Belton, TX 76513-5135 Employer (See Instructions) \$55.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ	Contributor address; City; State; Zip Code		1		
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Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/09/2025 Hitt, Dawn \$55.00 Contributor address; City; State; Zip Code Employer (See Instructions)		Drizoinal agou					
06/09/2025 Hitt, Dawn \$55.00 Contributor address; City; State; Zip Code \$55.00 Belton, TX 76513-5135 Employer (See Instructions)		Principal occu	pation / Job title (See Instructions)	Employer (See instructions	;)		
06/09/2025 Hitt, Dawn \$55.00 Contributor address; City; State; Zip Code \$55.00 Belton, TX 76513-5135 Employer (See Instructions)				<u> </u>	—		
Contributor address; City; State; Zip Code Belton, TX 76513-5135 Principal occupation / Job title (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	455 00
Belton, TX 76513-5135 Principal occupation / Job title (See Instructions) Employer (See Instructions)		06/09/2025					\$55.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ	Balton TY 76513-5135				
	<u> </u>	Principal occu		Employer (See Instructions	<u> </u>		
					<i>.</i>)		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/26 Rpt: 24/122	
2 FILER NAME			3 Filer ID (Ethics Commission File	lers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/17/2025	Holland, Bradford W.		\$2	208.34
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76712-7565			
-	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/15/2025	Hopper, Ken C.		5	\$16.67
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76107-1907			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	.)	
Physician		The Hopper Group-Hop	per Health Strategies	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/03/2025	Horton, Kenneth Craig			\$99.00
	Contributor address; City; State; Zip Code			
	Plainview, TX 79072-0882			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		West Texas Family Med	licine	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/28/2025	Hoyle, James C.		5	\$99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77098-1712			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician		Kelsey-Seybold Clinic		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/28/2025	Huebner, Melburn Kenton		Ś	\$99.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79124-3771			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician		Self Employed		
		·		

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 14/26 Rpt: 25/122	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Medi	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/17/2025	Humphreys, James Loyd			\$208.34
	6 Contributor address; City; State; Zip Code			
- • • •	Helotes, TX 78023-4492			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Physician		Precision Pathology		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/17/2025	Isaacson, Terah C.			\$208.34
	Contributor address; City; State; Zip Code			
	Houston, TX 77009-7753			
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Physician		Bayou City Surgical Spe		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	ቀባር በበ
06/03/2025	Jacinto, Rochelle C.			\$99.00
	Contributor address; City; State; Zip Code			
	Levelland, TX 79336-8012			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	L	
Physician	•	UMC Physicians	,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/24/2025	Jacobs, Gary Robert	,		\$99.00
	Contributor address; City; State; Zip Code			
	Longview, TX 75602-6605			
	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/28/2025	Jacobson, A. Ray			\$50.00
	Contributor address; City; State; Zip Code			
	San Marcos, TX 78666-1720			
-	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Physician		Self Employed		

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The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 15/26 Rpt: 26/122		
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
Texas Medi	ical Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/17/2025	Jumper, Cynthia Ann			\$208.34
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79424-5001			
-	upation / Job title (See Instructions)	9 Employer (See Instructions	 ۶)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/10/2025	Kelly, Stephen Michael			\$99.00
	Contributor address; City; State; Zip Code			
	The Woodlands, TX 77381-6646			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Conroe-Woodlands Gas	stroenterology, PA	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/23/2025	Khetarpal, Umang		\$	\$399.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77019-1842			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Physician		Self Employed		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/15/2025	King, David Tyler			\$16.50
	Contributor address; City; State; Zip Code		1	
	Laredo, TX 78045-7174			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Physician		Self Employed	-	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/19/2025			3	\$300.00
	Contributor address; City; State; Zip Code			
	Austin TV 70720 9191			
Driv visal accu	Austin, TX 78739-2121		Į	
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Premier Family Physicia	ans - Medical villaye	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 16/26 Rpt: 27/122	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Medic	cal Association Political Action Committee			00015658	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	06/10/2025	Lao, Jordan Vicente			-	\$500.00
	I	6 Contributor address; City; State; Zip Code	,	•		
	I					
	I					
	I	San Antonio, TX 78209-2814				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician		South Texas Radiology	Gr	oup, P.A.	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/26/2025	Lin, Tony J.				\$300.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Sugar Land, TX 77479-2515				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Kelsey-Seybold Clinic			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/02/2025	Lindsay, Mark Boughton				\$99.00
	I	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
	I					
	I					
		Bryan, TX 77808-9718	1			
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		Red River Valley Radio	log	y Associates PA	
	Date	Full name of contributor out-of-state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
	06/03/2025	Loeffler, Paul William				\$500.00
	I	Contributor address; City; State; Zip Code	ļ]		
	I					
	I	0				
	Driveland energy	Corpus Christi, TX 78412-2615				
	-	upation / Job title (See Instructions)	Employer (See Instructions Ear Nose & Throat Asso		ates of Corpus Christi	
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/29/2025	McDonald, M. Dwain				\$300.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Fort Marth TV 76100 2402				
\vdash	D i sizzi eeu	Fort Worth, TX 76109-3403		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Self Employed			

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 17/26 Rpt: 28/122		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Texas Medic	cal Association Political Action Committee				00015658	
4	Date	5 Full name of contributor out-of-state	te PAC (ID#:)	7	Amount of Contribution (\$)	
	06/10/2025	Mehta, Amit	, _				\$1,000.00
	,	6 Contributor address; City; State; Zip Code					
	ļ						
	ļ						
		San Antonio, TX 78209-2859					
8		pation / Job title (See Instructions)	9	B Employer (See Instructions			
	Physician			South Texas Radiology	Gr	oup, P.A.	
	Date	Full name of contributor 🗌 out-of-state	te PAC (ID#:)		Amount of Contribution (\$)	
	05/28/2025	Miller, Keith Edward					\$1,000.00
	1	Contributor address; City; State; Zip Code	9		1		
	ļ						
		Center, TX 75935-4620					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Keith E. Miller, MD PA			
	Date		e PAC (ID#:)		Amount of Contribution (\$)	
	05/26/2025	Minna, John Dorrance					\$99.00
	ļ	Contributor address; City; State; Zip Code	;				
	ļ	Delles TV 75201 1272					
	Dringingl oog	Dallas, TX 75201-1272	r	Employer (Coo Instructions			
	Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Contor	
╞	-		<u> </u>				
	Date		te PAC (ID#:)		Amount of Contribution (\$)	¢1 000 00
	06/04/2025	Mitchell, Dana F.					\$1,000.00
	ł	Contributor address; City; State; Zip Code	;				
	ł						
	ł	Houston, TX 77007-5002					
⊢	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ټ)		
	Physician			Global Kidney Center	,		
╞	Date	Full name of contributor	te PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	06/12/2025	Mokonchu, Monique Charnge	e FAC (ID#	/			\$99.00
	00/12/2020	Contributor address; City; State; Zip Code					400.00
	ł		÷				
	ļ						
		El Paso, TX 79912-7707					
\vdash	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Physician			Self Employed			
⊢			L	• •			

The Instruction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 18/26 Rpt: 29/122	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee		00015658
4 Date 5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/12/2025 Monday, Charles W.		\$300.00
6 Contributor address; City; State; Zip Code		1
Huntsville, TX 77320-3028	1	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Physician	Self Employed	
Date Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/17/2025 Monday, Kimberly E.		\$208.34
Contributor address; City; State; Zip Code]
United TV 77005 2210		
Houston, TX 77005-3318		<u> </u>
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions UTMSH - Dept of Neuro	,
Date Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
06/15/2025 Nemeth, Ira R.		\$16.50
Contributor address; City; State; Zip Code		
Houston, TX 77025-2403		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)
Physician	Baylor College of Medic	cine - Emergency Medicine
Date Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/02/2025 Nichols, Timothy D.		\$100.00
Contributor address; City; State; Zip Code		1
Dallas, TX 75252-2738		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	
Physician	Cancer Clinics of North	Texas
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/17/2025 Norrell, Stacy L.		\$83.34
Contributor address; City; State; Zip Code]
Magnolia, TX 77355-1836	1	
Principal occupation / Job title (See Instructions)	Employer (See Instructions Noble Anesthesia Partn	
Physician		ars
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	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 19/26 Rpt: 30/122		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee				00015658	
4	Date	5 Full name of contributor out-of-state PAC (I	,ID#:)	7	Amount of Contribution (\$)	
	06/03/2025	Ozcelebi, Julie A.		ł			\$99.00
	,	6 Contributor address; City; State; Zip Code		,	1		
	ļ	1		ł			
	ļ	1		ł			
		Mission, TX 78572-7408					
8	Principal occu	ipation / Job title (See Instructions)	ę	9 Employer (See Instructions	5)		
	Business Ow	vner		Business Owner			
F	Date	Full name of contributor out-of-state PAC (I	(ID#:)	Γ	Amount of Contribution (\$)	
	05/29/2025	Palafox, David Mario					\$99.00
	!	Contributor address; City; State; Zip Code			1		
	ļ			,			
	ł	1		,			
	ł	El Paso, TX 79912-4147		,			
	Principal occu	upation / Job title (See Instructions)	\neg	Employer (See Instructions	<u>г</u> 5)		
	Physician			Self Employed			ļ
⊨	Date	Full name of contributor Out-of-state PAC (I	(ID#:)	Γ	Amount of Contribution (\$)	
	06/02/2025	Parisi, Michael Gabriel				/ mount of 222	\$100.00
	00.0_	Contributor address; City; State; Zip Code			$\left \right $		¥=
	ļ	Continuation address, City, State, Zip Coas		ļ			
	ļ	1		ļ			
	ļ	Harker Heights, TX 76548-5611		ļ			
⊢	Principal occu	upation / Job title (See Instructions)	$\neg \uparrow$	Employer (See Instructions	」 s)		
	Physician	· · ·		Scott & White Clinic-Har		r Heights	
╞	Date	Full name of contributor out-of-state PAC (I	/ID#·		Τ	Amount of Contribution (\$)	
	06/05/2025	Parnell, Thomas B.	iD#	/			\$99.00
	00/03/2023						ψ59.00
	ļ	Contributor address; City; State; Zip Code		ļ			
	ļ	1		,			
	ļ	Benbrook, TX 76132-2748		ļ			
┝	Principal occu	upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>ار</u>		
	Physician			USAP	>)		
╞	-				—	(Contribution (C)	
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	* 200.24
	06/17/2025	Pearse, Lee Ann					\$208.34
	ļ	Contributor address; City; State; Zip Code		ļ			
	ļ	1		ļ			
	ļ	Dallas TV 75244 7702		,			
┡		Dallas, TX 75244-7703	<u> </u>		ŕ		
		upation / Job title (See Instructions)		Employer (See Instructions		· - · /	
L	Physician			Pediatric Cardiologists o	יו זכ	1TX	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/26 Rpt: 31/122	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
Texas Medic	al Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/28/2025	Perkins, Stanley R.		\$300).00
	6 Contributor address; City; State; Zip Code			
	Tyler, TX 75703-5722			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Physician		USAP - Tyler		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	_
05/28/2025	Phillips, Rosemary		\$55	5.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79407-2304			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Administrativ	e	Gynecologic Oncology A	Associates	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/17/2025	Poindexter, David P.			5.00
	Contributor address; City; State; Zip Code			
	Humble, TX 77347-0876			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)	
Physician	•	David P. Poindexter, MD		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/03/2025	Pyle, Sandra	/		5.00
	Contributor address; City; State; Zip Code			
	Continuation address, City, State, Zip Code			
	Victoria, TX 77905-2408			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;;	
Business Ow		Business Owner	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/03/2025	Ram Kolluru MD PA	/		9.00
00,00,2020	Contributor address; City; State; Zip Code			1.00
	Odessa, TX 79761-4436			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	() ()	
,			7	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 21/26 Rpt: 32/122	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Medic	al Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/27/2025	Raza, Rubina Babar		\$99.00
	6 Contributor address; City; State; Zip Code		
	Sugar Land, TX 77498-3694		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physician		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/27/2025	Reinke, Dennis Dean		\$300.00
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76310-4711		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Physician		Pathology Associates of	f North Texas
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/10/2025	Reinsmith, Lance E.		\$1,000.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78248-1610		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician		South Texas Radiology	Group, P.A.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Rosen, Richard Andrew		\$99.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79423-1928		
	pation / Job title (See Instructions)	Employer (See Instructions	
Physician		SWAT Surgical Associa	tes, LLP
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/28/2025	Rouse, Richard G.		\$50.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78216-1628		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Physician		Self Employed	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 22/26 Rpt: 33/122		
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Medic	cal Association Political Action Committee		00015658	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/28/2025	Rouse, Veronica L.			\$50.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78216-1628			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/26/2025	Rutledge, Brian Patrick			\$99.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504-2034			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>;</u> ;	
Physician		Texas Digestive Special	lists PA	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/13/2025	SAGE Medicine			\$300.00
	Contributor address; City; State; Zip Code		1	
	San Antonio, TX 78230-1690			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Sankary, Lynny			\$55.00
	Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76107-3538	1		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Business Ov	vner	Business Owner		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/28/2025	Saunders, Clark Tennyson			\$99.00
	Contributor address; City; State; Zip Code		1	
	Coppell, TX 75019-2755	1		
	pation / Job title (See Instructions)	Employer (See Instructions		
Physician		Metropolitan Anesthesia	a Consultants, LLP	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 23/26 Rpt: 34/122	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		cal Association Political Action Committee		-	00015658	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/03/2025	Schorn, Larry Wayne				\$99.00
		6 Contributor address; City; State; Zip Code		1		
		Irving, TX 75038-6262				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician		Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/13/2025	Selvaggi, Richard R.				\$99.00
	ł	Contributor address; City; State; Zip Code				
		Commerce, TX 75428-6404				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/03/2025	Silberman, Mark A.				\$99.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78733-2141				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Clinical Pathology Labor	rate	ories	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/13/2025	Smith, J. Marvin				\$300.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78209-5459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/05/2025	Smith, Oluwatosin Urowoli				\$99.00
		Contributor address; City; State; Zip Code		1		
		Colleyville, TX 76034-6678				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> 3)		
	Physician	· · · · · · · · · · · · · · · · · · ·	Glaucoma Associates of		exas, PA	
⊢			<u>.</u>			

The Instruction Guide explains how to complete this form. Sch: 2 2 FILER NAME Texas Medical Association Political Action Committee 3 Filer ID 00015 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amoun 06/02/2025 5 Full name of contributor address; City; State; Zip Code 7 Amoun 06/02/2025 6 Contributor address; City; State; Zip Code 7 Amoun 06/02/2025 6 Contributor address; City; State; Zip Code 7 Amoun 06/02/2025 Studey, Curtis L. 9 Employer (See Instructions) Self Employed Amoun 05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Amoun Amoun 05/28/2025 Fort Worth, TX 76109-2555 Employer (See Instructions) Physician Employed Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:	ages Schedule A1: 24/26 Rpt: 35/122 (Ethics Commission Filers) 658 it of Contribution (\$) \$99.00 tt of Contribution (\$) \$300.00 \$300.00 \$16.50
Texas Medical Association Political Action Committee 00015 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amoun 06/02/2025 6 Contributor address; City; State; Zip Code 7 Amoun 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 9 Employed 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amoun 05/28/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Amoun 05/28/2025 Fort Worth, TX 76109-2555 Employer (See Instructions) Self Employed Physician Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:	658 It of Contribution (\$) It of Contribution (\$) \$300.00 \$300.00 It of Contribution (\$)
Texas Medical Association Political Action Committee 00015 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount 06/02/2025 Stripling, Wilton Dennis 6 Contributor address; City; State; Zip Code 7 Amount 6 Contributor address; City; State; Zip Code Dallas, TX 75252-6896 9 Employer (See Instructions) 9 Employed 8 Principal occupation / Job title (See Instructions) 9 Employed 9 Employed Amount 05/28/2025 Full name of contributor out-of-state PAC (ID#:) Amount 05/28/2025 Full name of contributor out-of-state PAC (ID#:) Amount 05/28/2025 Fort Worth, TX 76109-2555 Employer (See Instructions) Principal occupation / Job title (See Instructions) Physician Full name of contributor out-of-state PAC (ID#:	658 It of Contribution (\$) It of Contribution (\$) \$300.00 \$300.00 It of Contribution (\$)
06/02/2025 Stripling, Wilton Dennis 6 Contributor address; City; State; Zip Code Dallas, TX 75252-6896 9 8 Principal occupation / Job title (See Instructions) 9 Physician 9 Date Full name of contributor 05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Amoun 05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Amoun Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Employed Date Full name of contributor 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Amoun 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Amoun Inving, TX 75063-8413 Inving, TX 75063-8413	\$99.00 It of Contribution (\$) \$300.00
06/02/2025 Stripling, Wilton Dennis Image: Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Full name of contributor out-of-state PAC (ID#:	\$99.00 It of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Dallas, TX 75252-6896 Dallas, TX 75252-6896 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Full name of contributor out-of-state PAC (ID#:) Amoun 05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Amoun Principal occupation / Job title (See Instructions) Fort Worth, TX 76109-2555 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amoun Physician Full name of contributor out-of-state PAC (ID#:	\$300.00
B Dallas, TX 75252-6896 9 Employer (See Instructions) Self Employed 8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#:) Amoun 05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Amoun 05/28/2025 Fort Worth, TX 76109-2555 Employer (See Instructions) Physician Employer (See Instructions) Self Employed Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Amoun Date Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 01 Tesfa, Ganana contributor address; City; State; Zip Code out-o	\$300.00
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#:) Amoun 05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Amoun Fort Worth, TX 76109-2555 Fort Worth, TX 76109-2555 Employer (See Instructions) Physician Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Irving, TX 75063-8413 Inving, TX 75063-8413 Inving, TX 75063-8413	\$300.00
8 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#:) Amoun 05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Amoun Fort Worth, TX 76109-2555 Fort Worth, TX 76109-2555 Employer (See Instructions) Physician Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Full name of contributor out-of-state PAC (ID#:) Amoun Inving, TX 75063-8413 Inving, TX 75063-8413 Inving, TX 75063-8413 Inving, TX 75063-8413	\$300.00
Physician Self Employed Date Full name of contributor out-of-state PAC (ID#:) Amoun 05/28/2025 Studey, Curtis L.	\$300.00
Date Full name of contributor out-of-state PAC (ID#:) Amoun 05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Amoun Fort Worth, TX 76109-2555 Fort Worth, TX 76109-2555 Employer (See Instructions) Physician Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Amoun Irving, TX 75063-8413 Irving, TX 75063-8413 Inving, TX 75063-8413 Inving, TX 75063-8413	\$300.00
05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Fort Worth, TX 76109-2555 Principal occupation / Job title (See Instructions) Physician Date Full name of contributor 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Irving, TX 75063-8413	\$300.00
05/28/2025 Studey, Curtis L. Contributor address; City; State; Zip Code Fort Worth, TX 76109-2555 Principal occupation / Job title (See Instructions) Physician Date Full name of contributor 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Irving, TX 75063-8413	t of Contribution (\$)
Contributor address; City; State; Zip Code Fort Worth, TX 76109-2555 Principal occupation / Job title (See Instructions) Physician Date Full name of contributor 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Irving, TX 75063-8413	
Fort Worth, TX 76109-2555 Principal occupation / Job title (See Instructions) Physician Date Full name of contributor 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Irving, TX 75063-8413	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Employed Date Full name of contributor out-of-state PAC (ID#:) 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Irving, TX 75063-8413	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Employed Date Full name of contributor out-of-state PAC (ID#:) 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Irving, TX 75063-8413	
Physician Self Employed Date Full name of contributor out-of-state PAC (ID#:) 06/15/2025 Tesfa, Ganana Amoun Contributor address; City; State; Zip Code Inving, TX 75063-8413	
Date Full name of contributor out-of-state PAC (ID#:) Amoun 06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Inving, TX 75063-8413	
06/15/2025 Tesfa, Ganana Contributor address; City; State; Zip Code Irving, TX 75063-8413	
Contributor address; City; State; Zip Code Irving, TX 75063-8413	\$16.50
Irving, TX 75063-8413	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician Neurology Associates of Arlington	, PA
Date Full name of contributor out-of-state PAC (ID#:) Amoun	t of Contribution (\$)
06/10/2025 Thomas, John William	\$1,000.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78232-3508	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	-
Physician South Texas Radiology Group, P.	A
	t of Contribution (\$)
05/27/2025 Thurmond-Anderle, Margaret E.	\$99.00
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician Self Employed	
05/27/2025 Thurmond-Anderle, Margaret E. Contributor address; City; State; Zip Code Amarillo, TX 79109-5243	
Physician Self Employed	

The Instr	ruction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 25/26 Rpt: 36/122	
2 FILER NAM	le		3 Filer ID (Ethics Commission Filers)
Texas Med	dical Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/10/202			\$1,000.00
	6 Contributor address; City; State; Zip Code		·
	San Antonio, TX 78209-3649		
-	cupation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		South Texas Radiology	Group, P.A.
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
06/04/202	5 Wells, Jennifer Han		\$99.00
	Contributor address; City; State; Zip Code		1
Drippingligg	Woodway, TX 76712-7524		-
Principal oc Physician	cupation / Job title (See Instructions)	Employer (See Instructions Baylor Scott & White-W	
			-
Date		:)	Amount of Contribution (\$)
06/01/202			\$300.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75219-1642		
Principal oc	L cupation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		Texas Oncology - Baylo	or Charles A. Sammons Cancer
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/04/202			\$99.00
	Contributor address; City; State; Zip Code		·
	San Antonio, TX 78259-2711		
-	cupation / Job title (See Instructions)	Employer (See Instructions	
Physician		Greater San Antonio En	nergency Physicians, P.A.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/17/202	5 Williams, Paul Brian		\$25.00
	Contributor address; City; State; Zip Code		1
Distinction	Longview, TX 75605-7706		
-	cupation / Job title (See Instructions)	Employer (See Instructions	
Physician		Texas Urology Specialis	sts - Longview
MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 26/26 Rpt: 37/122		
FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658		
06/09/2025 Youssef, Mohammed Yosry Elbadawy Elbad 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$40.00		
Rochester, MN 55902-0328			
Principal occupation / Job title (See Instructions)9Employer (See Instructions)PhysicianSelf Employed)		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.		1	Total pages S Sch: 1/1 Rp	
2	2 FILER NAME Texas Medical Association Political Action Committee		3	Filer ID 00015658	(Ethics Commission Filers)
4	Date 06/10/2025	5 Corporation / Labor Organization name Cano Family Medicine Clinic PLLC	6	Amount (\$)	99.00
	Date 06/10/2025	Corporation / Labor Organization name M. Rao- Stone Oak Psychiatry		Amount (\$)	99.00
	Date 06/03/2025	Corporation / Labor Organization name Michael A Sorace MD Mohs Micrographic and Skin Surgery PLLC		Amount (\$)	300.00
	Date 05/29/2025	Corporation / Labor Organization name U.S. Anesthesia Partners of Texas PA		Amount (\$)	21,978.00
	Date 05/29/2025	Corporation / Labor Organization name USAP- Dallas		Amount (\$)	10,296.00
	Date 05/29/2025	Corporation / Labor Organization name Wiggins Eye Center PLLC		Amount (\$)	99.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp		
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
Texas Medical Association Political Action Committee			00015658			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	06/22/2025		Texas Medical Association			77,636.07

LOANS		SCHEDU	LE E
The Instruction Guide explains how to complete this form		ges Schedule E: 1 Rpt: 40/122	
2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID 000156	(Ethics Commission 558	Filers)
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate	
		11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)			
14 Description of Collateral 15 Check if personal funds we None	re deposited	l into political account (See Instructions)	
Image: marked system Image: marked system 16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guarante	ed (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions)	1	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
t T t L - v O-badula ⊑1.	
1 Total pages Schedule F1:	
Sch: 1/82 Rpt: 41/122	Texas Medical Association Political Action Committee00015658
4 Date	5 Payee name
05/29/2025	Abdalla, Mohamad A.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$99.00	14214 Beech Meadow Dr
\$99.00	14214 Beech Meadow Di
Expenditure from	
corporate funds	Houston, TX 77083-5865
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Refunds of Contributions from Individuals
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Refund of Contribution
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/29/2025	Abraham, Binu R.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	5314 Priamus Dr
\$99.00	5514 Plialitus Di
Expenditure from corporate funds	Missouri City, TX 77459-1854
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Refunds of Contributions from Individuals
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Refund of Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Dete	
Date	Payee name
05/29/2025	Abramson, Steven I.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	4302 Meyerwood Dr
Expenditure from corporate funds	Houston, TX 77096-3534
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Refunds of Contributions from Individuals
	Check if Austin, TX, officeholder living expense
	Refund of Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/82 Rpt: 42/122	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
05/29/2025	Adeoti, Lasnette V.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$99.00	4214 Brannon Branch Ct
\$99.00	
Expenditure from	
corporate funds	Fulshear, TX 77441-1543
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Refunds of Contributions from Individuals
EXPENDITURE	
	Refund of Contribution
Complete ONIL V if direct	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	Agbetoba, Airat A.
Amount (ft)	
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	5216 Mimosa Dr
Expenditure from corporate funds	Bellaire, TX 77401-4840
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Refunds of Contributions from Individuals
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Refund of Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/29/2025	Aiyer, Viswanathan
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	603 Bayland Ave
\$20.00	
Expenditure from corporate funds	Houston, TX 77009-6607
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	Refunds of Contributions from Individuals
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Refund of Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	5

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 3/82 Rpt: 43/122 Texas Medical Association Political Action Committee 00015658 4 Date 5 Payee name 05/29/2025 Alaniz, Pedro F. 6 Amount (\$) 7 Payee address; City; State; Zip Code \$99.00 17415 Straloch Ln Expenditure from Richmond, TX 77407-1957 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 05/29/2025 Alexander, Sandra J. Amount (\$) Payee address; City; State; Zip Code \$99.00 4822 Laurel St Expenditure from Bellaire, TX 77401-4410 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals EXPENDITURE Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/29/2025 Ali, Mohamed Salah-Eldin Amount (\$) Payee address; City: State; Zip Code \$99.00 6015 Feagan St Expenditure from corporate funds Houston, TX 77007-5040 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals EXPENDITURE Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/82 Rpt: 44/122				
4 Date	5 Payee name			
05/29/2025	Ali, Mohammad			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00	1500 Citywest Blvd Ste 300			
Expenditure from				
corporate funds	Houston, TX 77042-2549			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals			
	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	4			
Date				
	Payee name			
05/29/2025	Allred, Anna M.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	5703 Lakeshore Vista Dr			
Expenditure from corporate funds	Richmond, TX 77469-4297			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Refunds of Contributions from Individuals			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OF				
Date	Payee name			
05/29/2025	Amanchukwu, Chiamaka Nnedi			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	4106 Martin Ridge Dr			
,				
Expenditure from corporate funds	Manvel, TX 77578-2169			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals			
	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OF	1			

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 5/82 Rpt: 45/122	Texas Medical Association Political Action Committee 00015658
4 Date 06/24/2025	5 Payee name Angelia Orr for Texas House
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 337
Expenditure from corporate funds	Itasca, TX 76055
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Angelia Orr, STATE HOUSE 13th TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2025	Ann Johnson Campaign
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 56386
Expenditure from corporate funds	Houston, TX 77256
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ann Johnson, STATE HOUSE 134th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	Arif, Abdus S.
Amount (\$) \$99.00	Payee address;City;State; Zip Code7403 Kings River Ct
Expenditure from corporate funds	Humble, TX 77346-1475
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 6/82 Rpt: 46/122	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/29/2025	Asghar, Ali			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00	10019 Tripp Dr			
Expenditure from corporate funds	Houston, TX 77089-1716			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/29/2025	Ashary, Nishan E Abbas			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	2 Saint George Ct			
Expenditure from corporate funds	Sugar Land, TX 77479-4139			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/29/2025	Baerenstecher, John G.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	344 Terrace Dr			
Expenditure from corporate funds	Houston, TX 77007-5000			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 7/82 Rpt: 47/122	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/29/2025	Banks, Brenda J.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00	2520 Robinhood St Unit 605			
φ33.00				
Expenditure from				
corporate funds	Houston, TX 77005-2554			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals			
EXPENDITORE	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	4			
Data				
Date	Payee name			
05/29/2025	Bannis, Rohan			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	10611 Crystal Spring Dr			
Expenditure from corporate funds	Missouri City, TX 77459-2436			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals			
-	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
05/29/2025	Barroso, Stephen R.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	7413 Teaswood Dr			
Expenditure from corporate funds	Conroe, TX 77304-1402			
PURPOSE				
OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Description (c) Description (c) Description 			
EXPENDITURE	Refunds of Contributions from Individuals			
	Refund of Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	5			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/82 Rpt: 48/122	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
05/29/2025	Bawany, Fauzia A.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$99.00	4417 Alamance St
Expenditure from corporate funds	Baytown, TX 77521-3051
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	Beane, Dolores M.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	2411 Legends Way
Expenditure from corporate funds	Katy, TX 77493-3014
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	Beckman, Stacie E.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	3215 Castlewind Dr
Expenditure from corporate funds	Katy, TX 77450-8627
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/82 Rpt: 49/122	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
05/29/2025	Bergson, Milton G.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$99.00	1500 Citywest Blvd Ste 300
Expenditure from corporate funds	Houston, TX 77042-2549
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	Berkovich, Alexander
Amount (ft)	
Amount (\$) \$99.00	Payee address;City;State;ZipCode5550 N Braeswood Blvd Apt127
Expenditure from corporate funds	Houston, TX 77096-3069
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	Bernell, Michael J.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	2310 12TH AVE S APT 406
Expenditure from corporate funds	Nashville, TN 37204-2443
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)	
Sch: 10/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
05/29/2025	Bhamidipati, Sujatha		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	3410 S Briarpark Ln		
Expenditure from corporate funds	Sugar Land, TX 77479-2296		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
-	Check if Austin, TX, officeholder living expense Refund of Contribution		
	Return of Contribution		
 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O 	Candidate/Officeholder name Office sought Office held		
_	1		
Date	Payee name		
05/29/2025	Boozalis, Steve T.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	3751 Farber St		
Expenditure from corporate funds	Houston, TX 77005-3713		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Brann, James R.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	11621 Joan of Arc Dr		
400.00			
Expenditure from corporate funds	Houston, TX 77024-2638		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 11/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date 05/29/2025	5 Payee name Broughton, Kirbie D.	
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code 5411 Pecan Field Dr	
corporate funds	Missouri City, TX 77459-1496	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
05/29/2025	Brown, Christopher J.	
Amount (\$) \$99.00	Payee address; City; State; Zip Code 2913 Mandale Rd	
Expenditure from corporate funds	Friendswood, TX 77546-6154	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/24/2025	Bryan Hughes Campaign	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 450	
Expenditure from corporate funds	Mineola, TX 75773	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bryan Hughes, STATE SENATE 1st TX 	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office Ov Food/Beverage Expense Polling E 7 - Gift/Awards/Memorials Expense Printing F	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 12/82 Rpt:	Texas Medical Association Political Action Co	mmittee 00015658	
4 Date	5 Payee name		
06/24/2025	Caroline Fairly for Texas		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1,000.00	P.O. Box 20445		
Expenditure from corporate funds	Amarillo, TX 79144		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Caroline Fairly, STATE HOUSE 87th TX	
		Caroline Pairly, STATE HOUSE 8711 TA	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held	
experiditure to benefit C/O			
Date	Payee name		
05/29/2025	Carrion-Zamora, Victor R.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$99.00	13727 W Dominion Falls Ln		
400100			
Expenditure from corporate funds	Humble, TX 77396-4582		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol H	ught Office held	
Date			
05/29/2025	Payee name Carroll, Luke M.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$99.00	28073 Woodland Bend Way		
Expenditure from corporate funds	Spring, TX 77386-4835		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
EAFENDITUKE		Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol H	ught Office held	

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

Sch: 13/82 Rpt:

1

6

8

9

Date

05/29/2025

Amount (\$)

Expenditure from

OF

corporate funds PURPOSE

4 Date

05/29/2025

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

corporate funds

Amount (\$)

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

5

7

\$99.00

\$99.00

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Payee name Carvajal Carvajal, Tomas Payee address; City; State; Zip Code 1639 Morning Park Dr Katy, TX 77494-2192 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals Check if Austin, TX, officeholder living expense Refund of Contribution Candidate/Officeholder name Office sought Office held Payee name Cavanaugh, Mark R. Payee address; City; State; Zip Code 6116 Maxie St Unit A Houston, TX 77007-3030 (a) Category (See Categories listed at the top of this schedule) (b) Description

EXPENDITURE	Refunds of Contributions from Individuals		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought	Office held
Date	Payee name		
05/29/2025	Cebe, James J.		
Amount (\$) \$99.00	Payee address; City; State; Z 17406 Ledgefield	p Code	
Expenditure from corporate funds	Cypress, TX 77433-2064		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Refunds of Contributions from Individuals	e) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 14/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
05/29/2025	Chan, Tiffany Michelle		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	11920 Astoria Blvd Ste 130		
Expenditure from corporate funds	Houston, TX 77089-6097		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
	Check if Austin, TX, officeholder living expense Refund of Contribution		
	Relation		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Chang, Alex C.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	2103 Diamond Springs Dr		
\$00100			
Expenditure from corporate funds	Houston, TX 77077-2157		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Cheng, Nancy		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	4327 Silverwood Dr		
Expenditure from corporate funds	Houston, TX 77035-3633		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)	
		15)	
Sch: 15/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
05/29/2025	Chin, Lilibeth B.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00			
\$99.00	2505 Seabrough Dr		
Expenditure from corporate funds	Pearland, TX 77584-6805		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals		
EXPENDITURE	Refunds of Contributions from individuals		
	Refund of Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Chirala, Karthik		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	2830 Juniper Pines Ln		
Expenditure from corporate funds	Katy, TX 77494-6257		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held		
Date	Payee name		
05/29/2025	Choi, Jae W.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	10904 Wrenwood Manor		
Expenditure from corporate funds	Houston, TX 77043-4754		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Refunds of Contributions from Individuals		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
		$\neg \neg$	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glift/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 16/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
06/23/2025	Chris Turner Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,500.00	P.O. Box 182093		
Expenditure from corporate funds	Arlington, TX 76096		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Chuan, Joseph		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	11821 Durrette Dr.		
Expenditure from corporate funds	Houston, TX 77024-7128		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Cline, Donald M.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	111 Pine Point Ct		
Expenditure from corporate funds	League City, TX 77573-1777		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 17/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
05/29/2025	Collins, James K.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	11054 N Hidden Oaks		
Expenditure from corporate funds	Conroe, TX 77384-3268		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Contreras, Michael G.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	2029 Peppermill Rd		
Expenditure from corporate funds	Houston, TX 77080-5540		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Cooper, Lane J.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	211 Kilts Dr		
Expenditure from corporate funds	Houston, TX 77024-6249		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic			
Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 18/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Pavee name		
05/29/2025	Cuzick, Leslie M.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	1714 Sunnybrook St		
ψ33.00			
Expenditure from corporate funds	Nacogdoches, TX 75965-2275		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. 		
	Check if Austin, TX, officeholder living expense Refund of Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Daumerie, Geraldine J.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	1500 Citywest Blvd Ste 300		
Expenditure from corporate funds	Houston, TX 77042-2549		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Davila-Perez, Ruben F.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	19206 Swift Falls Ct		
Expenditure from corporate funds	Houston, TX 77094-3209		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 19/82 Rpt:	Texas Medical Association Political Action Committee00015658		
4 Date	5 Payee name		
05/29/2025	Dawson, Jabon R.		
6 Amount (\$)			
\$99.00	9162 Cardwell Dr		
Expenditure from corporate funds	Houston, TX 77055-7418		
· · · · · · · · · · · · · · · · · · ·			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Refunds of Contributions from Individuals		
	Refund of Contribution		
	Relation		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	4		
Data			
Date	Payee name		
05/29/2025	Dhother, Sukhjinder S.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	4034 Turnberry Cir		
\$20.00			
Expenditure from corporate funds	Houston, TX 77025-1714		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Refunds of Contributions from Individuals		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
05/29/2025	Dizon, John E.		
Amount (\$)	Payee address; City; State; Zip Code		
.,			
\$99.00	27830 Ramble Rock Ct		
Evponditure from			
Expenditure from corporate funds	Katy, TX 77494-5979		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Refunds of Contributions from Individuals		
	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	4		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 20/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
05/29/2025	Dogan, Oya		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	11403 Island Manor St		
Expenditure from corporate funds	Pearland, TX 77584-8444		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Donnell, Malcolm T.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	12620 FM 1960 Rd W Ste 273		
Expenditure from corporate funds	Houston, TX 77065-5364		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
06/24/2025	Dr. Lalani for Texas		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 6514		
Expenditure from corporate funds	Houston, TX 77265		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Suleman Lalani, STATE HOUSE 76th TX 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 21/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
06/24/2025	Dustin Burrows Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,500.00	PO Box 6170		
Expenditure from corporate funds	Lubbock, TX 79493		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dustin Burrows, STATE HOUSE 83rd TX 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Eagleton, Mark C.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	414 Anacacho Ln		
Expenditure from corporate funds	Pearland, TX 77584-7760		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
06/24/2025	Elizabeth Liz" Campos Campaign"		
Amount (\$)	Payee address; City; State; Zip Code		
\$5,000.00	1028 Rigsby		
Expenditure from corporate funds	San Antonio, TX 78210		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Elizabeth Campos, STATE HOUSE 119th TX 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Cabadula E1;	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1:			
Sch: 22/82 Rpt:	Texas Medical Association Political Action Committee00015658		
4 Date	5 Payee name		
05/29/2025	Ellison, William J.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	1507 Marshall St		
Expenditure from	Houston, TX 77006-4119		
corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	······································		
Date	Payee name		
05/29/2025	Emmanuel, Michelle I.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	3636 W Dallas St Unit 303		
Expenditure from corporate funds	Houston, TX 77019-1770		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Refunds of Contributions from Individuals		
EXPENDITURE			
	Refund of Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
05/29/2025	Eype, Sheila M.		
03/29/2023			
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	15 Lost Oak Ct		
Expenditure from corporate funds	Missouri City, TX 77459-2159		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	Refunds of Contributions from Individuals		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete ONIX If allows it	Condidate/Officeholder.nome		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
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EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan F Fees Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District J Expense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 23/82 Rpt:	Texas Medical Association Political Action C		
4 Date	5 Payee name		
05/29/2025	Fahey, Brian K.		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$99.00	4709 Willow St		
Expenditure from corporate funds	Bellaire, TX 77401-4413		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held	
Date	Payee name		
05/29/2025	Farias Kovac, Mario Hermogenes		
Amount (\$)	Payee address; City; State; Zip	Code	
\$99.00	4927 Yarwell Dr		
φ99.00			
Expenditure from corporate funds	Houston, TX 77096-4232		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held	
Date	Payee name		
05/29/2025	Fernandez, Cristina M.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$99.00	1124 Bomar St		
Expenditure from corporate funds	Houston, TX 77006-1224		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Fees Office Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Printi	Repayment/Reinbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense g Expense Travel in District rg Expense Travel Out of District es/Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 24/82 Rpt:	Texas Medical Association Political Action C		
4 Date	5 Payee name		
05/29/2025	Ferris, Marley S.		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$99.00	2035 South Blvd		
Expenditure from corporate funds	Houston, TX 77098-5333		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Refund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H	sought Office held	
Date	Payee name		
05/29/2025	Flores, Gary W.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$99.00	153 Hickory Ridge Dr		
φ99.00			
Expenditure from corporate funds	Houston, TX 77024-6200		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held	
expenditure to benefit C/O			
Date	Payee name		
05/29/2025	Foster, Harris E.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$99.00	3833 Cummins St		
Expenditure from corporate funds	Houston, TX 77027-5871		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H	sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice Credit Card Payment	Event Expense Loan Repayr Fees Office Overh Food/Beverage Expense Polling Expe y - Gift/Awards/Memorials Expense Printing Expe	nent/Reimbursement ead/Rental Expense nse Transportation Equipment & Related Expense Travel in District nse Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 25/82 Rpt:	Texas Medical Association Political Action Comm		
4 Date	5 Payee name	·	
05/29/2025	Fox, Lindsay A.		
6 Amount (\$)	7 Payee address; City; State; Zip Code	2	
\$99.00	3424 Sunset Blvd		
Expenditure from corporate funds	Houston, TX 77005-2144		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Refund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	It Office held	
Date	Payee name		
05/29/2025	Fox, Lindsay M.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	1400 McKinney St Unit 2511		
φ00.00			
Expenditure from corporate funds	Houston, TX 77010-4060		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals 	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	office held	
Date	Payee name		
06/25/2025	Friends of Tom Oliverson		
Amount (\$)	Payee address; City; State; Zip Code		
\$5,000.00	1 E Greenway Plaza Ste 225		
Expenditure from corporate funds	Houston, TX 77046		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (t) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense	
		Tom Oliverson, STATE HOUSE 130th TX	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	nt Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		eimbursement Solicitation/Fundraising Expense ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ntract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
Sch: 26/82 Rpt:	Texas Medical Association Political Action Committee	e 00015658	
4 Date	5 Payee name		
05/29/2025	Fritzhand, Kevin S.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
.,			
\$99.00	2914 Quenby Ave		
Expenditure from corporate funds	Houston, TX 77005-2334		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
LAFENDITORE		Check if Austin, TX, officeholder living expense	
	R	efund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
05/29/2025	Fuller, Tracy A.		
Amount (\$)	Payee address; City; State; Zip Code		
.,			
\$99.00	11622 Monica St		
Expenditure from corporate funds	Houston, TX 77024-6406		
PURPOSE OF EXPENDITURE	Refunds of Contributions from Individuals	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense efund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought DH	Office held	
Date	Payee name		
05/29/2025	Giam, Patrick Y.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	6537 Brompton Rd		
Expenditure from corporate funds	Houston, TX 77005-3903		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
	R	efund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought H	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 27/82 Rpt:	Texas Medical Association Political Action Committee00015658		
4 Date	5 Payee name		
05/29/2025	Gilbert, Janet Marie		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	3726 Locke Ln		
Expenditure from			
corporate funds	Houston, TX 77027-4006		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
06/25/2025	Giovanni Capriglione Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
.,			
\$500.00	1205 South White Chapel Blvd. Ste. 100		
Expenditure from corporate funds	Southlake, TX 76092		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Giovanni Capriglione, STATE HOUSE 98th TX 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Glentzer, Mark J.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	300 Ferry Rd Apt 600		
Expenditure from corporate funds	Galveston, TX 77550-3232		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
EAPENDITURE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 28/82 Rpt: Texas Medical Association Political Action Committee 00015658 4 Date 5 Payee name 05/29/2025 Godwin, Kristalynne T. 6 Amount (\$) 7 Payee address; City; State; Zip Code \$99.00 721 Pegasus Ln Expenditure from League City, TX 77573-2080 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/29/2025 Goldstein, Mark T. Amount (\$) Payee address; City; State; Zip Code \$99.00 28502 Pewter Knolls Expenditure from Katy, TX 77494-0675 corporate funds PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals EXPENDITURE Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/29/2025 Green, David M. Amount (\$) Payee address; City: State; Zip Code \$99.00 7 Pecan Gorge Ct Expenditure from corporate funds Sugar Land, TX 77479-5935 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 29/82 Rpt:	Texas Medical Association Political Action Committee00015658		
4 Date	5 Payee name		
06/24/2025	Greg Abbott Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$10,000.00	P.O. Box 308		
Expenditure from corporate funds	Austin, TX 78767		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
	Greg Abbott, GOVERNOR TX		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Greger, Jennifer R.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	\$99.00 221 N Opulent Dr		
Expenditure from corporate funds	Montgomery, TX 77316-3044		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Griggs, Felicia S.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	5537 Aspen St		
Expenditure from corporate funds	Houston, TX 77081-6603		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. 		
	Check if Austin, TX, officeholder living expense Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 30/82 Rpt:	Texas Medical Association Political Action Committee	00015658	
4 Date	5 Payee name		
05/29/2025	Groen, Alfred L.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	6328 Rutgers Ave		
Expenditure from corporate funds	Houston, TX 77005-3318		
8 PURPOSE OF EXPENDITURE		on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
05/29/2025	Gunn, Clinton M.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	3233 W Dallas St Apt 1507		
Expenditure from corporate funds	Houston, TX 77019-3920		
PURPOSE OF EXPENDITURE		on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
05/29/2025	Guo, James S.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	3705 Sunset Blvd		
Expenditure from corporate funds	Houston, TX 77005-2029		
PURPOSE OF EXPENDITURE		on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 31/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
05/29/2025	Haack, Kirsten J.		
C Amount (ft)			
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	4543 Shetland Ln		
=			
Expenditure from corporate funds	Houston, TX 77027-5517		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Refunds of Contributions from Individuals		
	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Haldankar, Pradnya S.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	1618 Sunderland Dr		
Expenditure from corporate funds	Sugar Land, TX 77479-6670		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Ham, Angelito		
	-		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	5006 Holt St		
Expenditure from corporate funds	Bellaire, TX 77401-5725		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Related Expense		
1 Total pages Schedule F1:	.: 2 FILER NAME 3 Filer ID (Ethics C	Commission Filers)		
Sch: 32/82 Rpt:				
4 Date	5 Payee name			
05/29/2025	Hanson, George K.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00				
\$55.00				
Expenditure from				
corporate funds	Houston, TX 77042-2502			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Refunds of Contributions from Individuals	ule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
-				
Date	Payee name			
05/29/2025	Harvey, Benjamin D.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	3602 Somerset YOrk Ln			
Expenditure from corporate funds	Houston, TX 77055-1949			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule	ule T.		
	Check if Austin, TX, officeholder living expense Refund of Contribution			
Operation ONUNC is discussed	Our d'idets /Office helden annue Office except			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH			
Date	Payee name			
05/29/2025	Hence, Reginald D.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	21323 Stinging Nettle Ln			
Expenditure from corporate funds	Cypress, TX 77433-6337			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Refunds of Contributions from Individuals	ule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
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1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 33/82 Rpt:	Texas Medical Association Political Action Committee00015658			
4 Date	5 Payee name			
05/29/2025	Henschel, John W.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00	3114 W Benders Landing Blvd			
Expenditure from				
corporate funds	Spring, TX 77386-1888			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Refunds of Contributions from Individuals			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
Complete ONIL V if direct	Candidate/Officeholder name Office sought Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O				
Date	Payee name			
05/29/2025	Herrera, Hector J.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	2233 Chilton Rd			
Expenditure from corporate funds	Houston, TX 77019-1401			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Refunds of Contributions from Individuals			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
05/29/2025	Hiller, Kenneth N.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	19011 Villa Bergamo Ln			
,,				
Expenditure from corporate funds	Houston, TX 77094-1279			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	Refunds of Contributions from Individuals			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Ð		
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission File	lers)		
Sch: 34/82 Rpt:	Texas Medical Association Political Action Con	nmittee 00015658			
4 Date	5 Payee name				
05/29/2025	Hirsch, Douglas J.				
6 Amount (\$)	7 Payee address; City; State; Zip Co				
6 Amount (\$)		ue			
\$99.00	406 Ripple Creek Dr				
Expenditure from corporate funds	Houston, TX 77024-6933				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Refund of Contribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	O Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/29/2025	Hornung, Joseph L.				
Amount (¢)	0 . 1	40			
Amount (\$)		ue			
\$99.00	2819 Irvington Dr				
Expenditure from corporate funds	Pearland, TX 77584-9127				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held			
Date	Payee name				
05/29/2025	Houston, Christopher				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$99.00	1500 Citywest Blvd Ste 300				
Expenditure from corporate funds	Houston, TX 77042-2549				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Refund of Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 35/82 Rpt:	Z FILER NAME 3 File ID (Lines commission Files) Texas Medical Association Political Action Committee 00015658			
4 Date	E Deven were			
4 Date 05/29/2025	5 Payee name Hunter, Grant			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00	1500 Citywest Blvd Ste 300			
Expenditure from corporate funds	Houston, TX 77042-2549			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name			
05/29/2025	Hwang, Walt			
Amount (¢)	Davias addrasa: Citur State: Zin Cada			
Amount (\$) \$99.00	Payee address; City; State; Zip Code 2900 N Braeswood Blvd Apt 4322			
Expenditure from corporate funds	Houston, TX 77025-2375			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/29/2025	Ingle, Ashwin P.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	1616 Post Oak Blvd Apt 3207			
Expenditure from corporate funds	Houston, TX 77056-2948			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 36/82 Rpt:	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/29/2025	Jackson, J. Stuart			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00	11927 Cobblestone Dr			
+00.00				
Expenditure from				
corporate funds	Houston, TX 77024-5053			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals			
	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	-			
Data				
Date	Payee name			
06/25/2025	Jared Patterson Campaign for State Representative District 106			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 5419			
Expenditure from corporate funds	Frisco, TX 75035			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Jared Patterson, STATE HOUSE 106th TX			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	4			
Date	Payee name			
05/29/2025	Jayasinghe, Chandra P.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	11735 Winshire Cir			
Expenditure from corporate funds	Houston, TX 77024-6311			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Refunds of Contributions from Individuals			
	Check if Austin, TX, officeholder living expense			
	Refund of Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 37/82 Rpt:	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
06/25/2025	Jeff Leach Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	P.O. Box 866186			
Expenditure from corporate funds	Plano, TX 75086			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee Jeff Leach, STATE HOUSE 67th TX			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/29/2025	Jeffcoat, Sheila R.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	3414 Sunningdale Ln			
Expenditure from corporate funds	Missouri City, TX 77459-2456			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/24/2025	Joe Moody for Texas House			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 920827			
Expenditure from corporate funds	El Paso, TX 79902			
PURPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description 			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Joe Moody, STATE HOUSE 78th TX			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 38/82 Rpt:	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
06/24/2025	John Bucy Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,000.00	6633 Hwy 290 E. Ste. 104			
Expenditure from corporate funds	Austin, TX 78723			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense John Bucy, STATE HOUSE 136th TX 			
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
Date	Payee name			
06/25/2025	John McQueeney Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 100458			
Expenditure from corporate funds	Fort Worth, TX 76185			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense John McQueeney, STATE HOUSE 97th TX 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
05/29/2025	Johnson, Stacie N.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	2510 Rose Bay Dr			
Expenditure from corporate funds	Pearland, TX 77584-3450			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel Out of District By - GltfAwards/Memorials Expense Printing Expense			
1 Total pages Schedule F1:				
Sch: 39/82 Rpt:	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/29/2025	Johnson, Ty R.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00	1715 Elmen St			
Expenditure from corporate funds	Houston, TX 77019-5701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name			
05/29/2025	Jones, Rachel M.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	11763 Duart Dr			
Expenditure from corporate funds	Houston, TX 77024-2619			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/29/2025	Joseph, Danny M.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	77 Scepter Rdg			
Expenditure from corporate funds	Sugar Land, TX 77498-2517			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel Out of District By - Gift/Awards/Memorials Expense Printing Expense			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 40/82 Rpt:	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
06/24/2025	Katrina Pierson Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,000.00	P.O. Box 672			
Expenditure from corporate funds	Rockwall, TX 75087			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Katrina Pierson, STATE HOUSE 33rd TX 			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held				
Date	Payee name			
05/29/2025	Kessinger, Thomas W.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	3414 Scenic Elm St			
Expenditure from corporate funds	Houston, TX 77059-3725			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
05/29/2025	Kolle, Bracken S.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	2303 Legend Woods Ct			
Expenditure from corporate funds	Sugar Land, TX 77479-5474			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	imbursement Solicitation/Fundraising Expense tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 41/82 Rpt:	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/29/2025	Koons, Patrick			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00	2230 Nocona Ln			
Expenditure from corporate funds	League City, TX 77573-7380			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription		
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense fund of Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
05/29/2025	Koszewski, Amanda L.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	8871 Brookes Dr			
Expenditure from corporate funds	Montgomery, TX 77316-2679			
PURPOSE OF EXPENDITURE	Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
05/29/2025	Kumar, Suresh			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	5210 Pine Forest Rd			
Expenditure from corporate funds	Houston, TX 77056-1313			
PURPOSE OF EXPENDITURE	Refunds of Contributions from Individuals	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District By - GltfAwards/Memorials Expense Printing Expense			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 42/82 Rpt:	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
05/29/2025	Lai, Chuong			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$99.00	1716 Colquitt St			
Expenditure from corporate funds	Houston, TX 77098-3606			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/29/2025	Lake, Yasmin N.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	4212 Milton St			
Expenditure from corporate funds	Houston, TX 77005-2740			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/29/2025	Lam, Bach N.			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.00	1630 Enterprise Cir			
Expenditure from corporate funds	League City, TX 77573-0833			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District e By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District		tion Equipment & Related Expense istrict of District	
1 Total pages Schedule F1:		3 Filer ID	(Ethics Commission Filers)	
			· · · · · · · · · · · · · · · · · · ·	
Sch: 43/82 Rpt:	Texas Medical Association Political Action Co	nmittee 000156	58	
4 Date	5 Payee name			
05/29/2025	Lamba, Jaspreet S.			
6 Amount (\$)				
	7 Payee address; City; State; Zip Code			
\$99.00	10210 Bayou Trail Ln			
Expenditure from corporate funds	Houston, TX 77064-5120			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas		
EXPENDITORE		Check if Austin, TX, officeholder	living expense	
		Refund of Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name			
05/29/2025	Lasater, Matthew P.			
Amount (\$)	Payee address; City; State; Zip C	ode		
.,		Jue		
\$99.00	3426 Summer Ranch Dr			
Expenditure from corporate funds	Katy, TX 77494-3693			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ight Offic	ze held	
Date	Payee name			
05/29/2025	Lastoczy, Frank M.			
	-	-		
Amount (\$)	Payee address; City; State; Zip C	ode		
\$99.00	3211 Lockridge Harbor Ln			
Expenditure from corporate funds	Porter, TX 77365-2079			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas	Complete Schedule T.	
EXPENDITORE		Check if Austin, TX, officeholder	living expense	
		Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Relater Food/Beverage Expense Polling Expense Travel in District Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District		Transportation Equipment & Related Expense Travel in District		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)		
Sch: 44/82 Rpt:	Texas Medical Association Political Action C				
4 Date	5 Payee name				
05/29/2025	Lateef, Ahmad H.				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$99.00	15614 Bristol Lake Dr				
Expenditure from corporate funds	Houston, TX 77070-3865				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals		de of Texas. Complete Schedule T.		
		Refund of Contri	officeholder living expense		
		Relund of Contin	bution		
Complete ONLY if direct	Condidate/Officebolder pame	aught	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	Jugni	Office field		
Date	Payee name				
06/24/2025	Lauren Simmons Campaign				
Amount (\$)	Payee address; City; State; Zip	Code			
\$5,000.00	PO Box 56386				
\$3,000.00					
Expenditure from corporate funds	Houston, TX 77256				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Contributions/Donations Made By		de of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee		officeholder living expense		
		Lauren Simmons	s, STATE HOUSE 146th TX		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	bught	Office held		
Date	Payee name				
05/29/2025	LeBlanc, Kelly L.				
Amount (\$)	Payee address; City; State; Zip	Code			
\$99.00	5930 Nine Mile Ln				
ψ55.00					
Expenditure from corporate funds	Missouri City, TX 77459-2589				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Refunds of Contributions from Individuals		de of Texas. Complete Schedule T.		
			officeholder living expense		
		Refund of Contri	bution		
Complete ONLY if direct	Candidate/Officeholder name Office s	bught	Office held		
expenditure to benefit C/OH					

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E: y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense xpense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 45/82 Rpt:	Texas Medical Association Political Action Cor	nmittee	00015658
4 Date	5 Payee name		
05/29/2025	Lee, Cora Y.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$99.00	18506 Windsor Lakes Dr		
Expenditure from corporate funds	Houston, TX 77094-3512		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals		side of Texas. Complete Schedule T.
			K, officeholder living expense
		Refund of Cont	ribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıght	Office held
Date	Payee name		
05/29/2025	Lindberg, Scott A.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$99.00	25006 Falling Water Estates Ln		
400.00			
Expenditure from corporate funds	Katy, TX 77494-2554		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals		side of Texas. Complete Schedule T. K, officeholder living expense ribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıght	Office held
Date	Payee name		
05/29/2025	Lis, Thaddeus W.		
		do	
Amount (\$)		Jue	
\$99.00	14015 Mulberry River Ln		
Expenditure from corporate funds	Houston, TX 77059-2523		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals		side of Texas. Complete Schedule T.
			K, officeholder living expense
		Refund of Cont	ribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıght	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 46/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Pavee name		
05/29/2025	5 Payee name Loubser, Paul G.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	4771 Sweetwater Boulvard #309		
Expenditure from corporate funds	Sugar Land, TX 77479-3121		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Lu, Dai		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	1603 Scenic Mountain Ct		
Expenditure from corporate funds	Kingwood, TX 77345-1886		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Lu, Lingen		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	1500 Citywest Blvd Ste 300		
Expenditure from corporate funds	Houston, TX 77042-2549		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp /- Gift/Awards/Memorials Expense Printing Exp	head/Rental Expense ense ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 47/82 Rpt:	Texas Medical Association Political Action Com	mittee	00015658
4 Date	5 Payee name		
05/29/2025	Luehr, Susan L.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	le	
\$99.00	405 E 26th St		
Expenditure from corporate funds	Houston, TX 77008-2315		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals		e of Texas. Complete Schedule T. Ifficeholder living expense Dution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ht	Office held
Date	Payee name		
05/29/2025	Madabhushi, Rangarajan V. N. S.		
Amount (\$)	Payee address; City; State; Zip Co	le	
\$99.00	3 Flamingo Estates Dr		
Expenditure from corporate funds	Missouri City, TX 77459-4491		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals		e of Texas. Complete Schedule T. Jfficeholder living expense Dution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name		
05/29/2025	Makonza Goto, Rudo		
Amount (\$)	Payee address; City; State; Zip Co	le	
\$99.00	2651 Kipling St Apt 2306		
Expenditure from corporate funds	Houston, TX 77098-1979		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals		e of Texas. Complete Schedule T. officeholder living expense Dution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ht	Office held

1

8

9

Date

Date

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 48/82 Rpt: Texas Medical Association Political Action Committee 00015658 5 Payee name 05/29/2025 Mankarious, Ramy 6 Amount (\$) 7 Payee address; City; State; Zip Code \$99.00 21 Sweetwater Ct Expenditure from Sugar Land, TX 77479-3160 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 05/29/2025 Manning, Gary M. Amount (\$) Payee address; City; State; Zip Code \$99.00 5200 Maple St Expenditure from Bellaire, TX 77401-4808 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals EXPENDITURE Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 05/29/2025 Martinez, Rogelio Avila Amount (\$) Payee address; City: State; Zip Code \$99.00 821 W 26th St Expenditure from corporate funds Houston, TX 77008-1743 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 49/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date 05/29/2025	5 Payee name Mastroianni, Maxwell R.		
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code 3142 Castlewood St		
Expenditure from			
corporate funds	Houston, TX 77025-3218		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Mathew, Anil T.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	8 Azalea Trail Ln		
Expenditure from corporate funds	Bellaire, TX 77401-5000		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held			
Date	Pavee name		
05/29/2025	Mauritz, Amy A.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	1022 Sherfield Ridge Dr		
Expenditure from corporate funds	Katy, TX 77450-4226		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 50/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
05/29/2025	Maxwell, Matthew J.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	1427 Ashland St		
Expenditure from	Heuritan TV 77000 4400		
corporate funds	Houston, TX 77008-4129		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	H		
Date	Payee name		
05/29/2025	McMasters, Mark A.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	3333 Lake St		
Expenditure from corporate funds	Houston, TX 77098-2563		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Michael, Sandra G.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	8100 Cambridge St Apt# 25		
Expenditure from corporate funds	Houston, TX 77054-3108		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Refunds of Contributions from Individuals		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 51/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
06/23/2025	Mike Schofield Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5,000.00	1 E. Greenway Plaza, Ste. 225		
Expenditure from corporate funds	Houston, TX 77046		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
-	Candidate/Officeholder/Political Committee Mike Schofield, STATE HOUSE 132nd TX		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Miranda, Michael		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	2914 Rutherford Place Ct		
Expenditure from corporate funds	Katy, TX 77494-5385		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held			
Date	Payee name		
05/29/2025	Mitchell, Karen P.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	827 Old Oyster Trl		
Expenditure from corporate funds	Sugar Land, TX 77478-4509		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice Credit Card Payment	Event Expense Loan F Fees Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District J Expense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 52/82 Rpt:	Texas Medical Association Political Action C		
4 Date	5 Payee name		
05/29/2025	Mitchell, Mena Rae		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$99.00	1616 Redway Ln		
Expenditure from corporate funds	Houston, TX 77062-5415		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held	
Date	Payee name		
05/29/2025	Mitchell, Romy L.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$99.00	5214 Imogene St		
\$00100			
Expenditure from corporate funds	Houston, TX 77096-2516		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held	
Date	Payee name		
05/29/2025	Mody, Rayomond R.		
		Cada	
Amount (\$)	Payee address; City; State; Zip	Code	
\$99.00	106 Calvi Ct		
Expenditure from corporate funds	Bellaire, TX 77401-5123		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
-	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 53/82 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
05/29/2025	Mora, Ricardo Rodriguez
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code 15911 Harwick Dr
Expenditure from corporate funds	Spring, TX 77379-6800
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Refunds of Contributions from Individuals Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	Mujica Fernandez, Luis F.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	27815 Dewy Meadow Run Ct
Expenditure from corporate funds	Spring, TX 77386-4087
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	Munga, Susan W.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	17655 Harpers Way
Expenditure from corporate funds	Conroe, TX 77385-1163
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 54/82 Rpt:	Texas Medical Association Political Action Committee00015658		
4 Date	5 Payee name		
05/29/2025	Murray, Rebecca L.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	13920 Mandolin Dr Apt 2121		
Φ99.00			
Expenditure from corporate funds	Houston, TX 77070-1391		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
LAFENDITORE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Mutyala, Chaitanya		
Amount (\$)	Payee address; City; State; Zip Code		
.,			
\$99.00	5341 Val Verde St		
Expenditure from corporate funds	Houston, TX 77056-6220		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Nabi, Qaiser		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	4066 Aberdeen Way		
Expenditure from corporate funds	Houston, TX 77025-2306		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 55/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date			
4 Date 05/29/2025	5 Payee name Narayan, Rakesh		
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code 4907 Valerie		
Expenditure from corporate funds	Bellaire, TX 77401-5707		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Nasrallah, Kyle		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	5714 Garden Point Dr		
Expenditure from corporate funds	Kingwood, TX 77345-1767		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Nasser, Faiz S.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	4103 Turnberry Cir		
Expenditure from corporate funds	Houston, TX 77025-1715		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 56/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
05/29/2025	Nazareth, Karl	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	3788 Richmond Ave Apt 1309	
Expenditure from corporate funds	Houston, TX 77046-3712	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Nazareth, Veeral M.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	5719 Mogo Creek Ln	
Expenditure from corporate funds	Sugar Land, TX 77479-4719	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Nguyen, Dominique H.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	3922 Abbeywood Dr.	
Expenditure from corporate funds	Pearland, TX 77584-4943	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 57/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
05/29/2025	Nguyen, Hoang H.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	73 N Spring Trellis Cir		
ψ33.00			
Expenditure from			
corporate funds	Spring, TX 77382-2529		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Refunds of Contributions from Individuals		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Nguyen, Huy A.		
Amount (\$)	Payee address; City; State; Zip Code		
.,			
\$99.00	11623 Bishopbriggs Dr		
Expenditure from corporate funds	Richmond, TX 77407-4357		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Nguyen, Jordan T.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	5031 Dumfries Dr		
Expenditure from corporate funds	Houston, TX 77096-5323		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 58/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
06/24/2025	Nicole Collier Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5,000.00	101 S. Jennings		
	Suite 103C		
Expenditure from corporate funds	Fort Worth, TX 76104		
8 PURPOSE			
OF	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. 		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Nicole Collier, STATE HOUSE 95th TX		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Nwankwo, Chika C.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	3409 Ridgeway Valley Ln		
φ99.00	5409 Riugeway Valley Li		
Expenditure from corporate funds	Houston, TX 77055-1290		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/29/2025	Obi, Chukwuemeka Franklyn		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00			
\$99.00	12000 Barryknoll Ln Apt 616		
Expenditure from corporate funds	Houston, TX 77024-4654		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 59/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
-		
4 Date	5 Payee name	
05/29/2025	Odinkemelu, Didi	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	3233 W Dallas Unit 2007	
Expenditure from	Houston TX 77010-3025	
corporate funds	Houston, TX 77019-3925	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Refunds of Contributions from Individuals	
	Check if Austin, TX, officeholder living expense	
	Refund of Contribution	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	4	
Date	Payee name	
05/29/2025	Okafor, Kanayo K.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	0 7723 Janak Dr	
Expenditure from corporate funds	Houston, TX 77055-3612	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Refunds of Contributions from Individuals	
	Refund of Contribution	
Or markets ONU V if diseast		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
05/29/2025	Oldebeken, Scott R.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	1500 Citywest Blvd Ste 300	
φυσιου		
Expenditure from corporate funds	Houston, TX 77042-2549	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Refunds of Contributions from Individuals	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Refund of Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 60/82 Rpt:	Texas Medical Association Political Action Committee 00015658		
4 Date	5 Payee name		
05/29/2025	Oliverson, Thomas J.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$99.00	15027 Hidden Valley Water Dr		
+00100			
Expenditure from			
corporate funds	Cypress, TX 77429-5898		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Refunds of Contributions from Individuals		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Refund of Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	H		
Date	Payee name		
05/29/2025	Oluleye, Babajide		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	1500 Citywest Blvd Ste 300		
Expenditure from corporate funds	Houston, TX 77042-2549		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. 		
	Check if Austin, TX, officeholder living expense Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/29/2025	Osborn, Ronald B.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	4039 Marlowe St		
Expenditure from corporate funds	Houston, TX 77005-1936		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Refunds of Contributions from Individuals		
EXPENDITURE			
	Refund of Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office Ov Food/Beverage Expense Polling E 7 - Gift/Awards/Memorials Expense Printing F	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 61/82 Rpt:	Texas Medical Association Political Action Co	mmittee 00015658	
4 Date	5 Payee name		
05/29/2025	Parker, George W.		
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code 112 Bellaire Ct		
Expenditure from corporate funds	Bellaire, TX 77401-4219		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held	
Date	Payee name		
05/29/2025	Pasdar-Shirazi, Francisco		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$99.00	5502 Corang View Ct		
Expenditure from corporate funds	Sugar Land, TX 77479-4783		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sol H	ught Office held	
Date	Payee name		
05/29/2025	Patel, Purnal A.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$99.00	1500 Citywest Blvd Ste 300		
Expenditure from corporate funds	Houston, TX 77042-2549		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sol H	ught Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 62/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
05/29/2025	Pedley, Chad A.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	4123 Lanark Ln	
Expenditure from corporate funds	Houston, TX 77025-1114	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Pena, Javier	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	2227 Blue Duck Ln	
Expenditure from corporate funds	Conroe, TX 77384-2701	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Pham, Huy Q.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	8810 Sterling Gate Cir	
Expenditure from corporate funds	Spring, TX 77379-7056	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment Fees Office Overhead/ Food/Beverage Expense Polling Expense - Gitt/Awards/Memorials Expense Printing Expense	/Reimbursement Solicitation/Fundraising Expense Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 63/82 Rpt:	Texas Medical Association Political Action Committe	ee 00015658	
4 Date	5 Payee name		
06/24/2025	Philip Cortez Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	7919 Liberty Island		
Expenditure from corporate funds	San Antonio, TX 78227		
8 PURPOSE OF		Description	
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	Philip Cortez, STATE HOUSE 117th TX	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
05/29/2025	Pinsky, Jay R.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	5015 Braesheather Dr		
Expenditure from corporate funds	Houston, TX 77096-4204		
PURPOSE OF EXPENDITURE	Refunds of Contributions from Individuals	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name		
05/29/2025	Porter, John W.		
Amount (\$)	Payee address; City; State; Zip Code		
\$99.00	13903 Kimberley Ln		
Expenditure from corporate funds	Houston, TX 77079-5803		
PURPOSE OF EXPENDITURE	Refunds of Contributions from Individuals	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 64/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
05/29/2025	Ralston, Alvin J.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	15 Hedwig Cir	
Expenditure from corporate funds	Houston, TX 77024-4521	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Refunds of Contributions from Individuals	
	Refund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Ramesh, Rekha C.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	11714 Longleaf Ln	
Expenditure from corporate funds	Houston, TX 77024-6415	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Ramirez-Chapman, Ana Lisa	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	4135 Oberlin St	
Expenditure from corporate funds	Houston, TX 77005-3522	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Exp	Vment/Reinbursement Solicitation/Fundraising Expense head/Rental Expense Transportation Equipment & Related Expense ense Travel in District ges/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 65/82 Rpt:	Texas Medical Association Political Action Com		
5cπ. 05/62 κρι.		00013038	
4 Date	5 Payee name		
05/29/2025	Rashid, M. Jawad		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e	
\$99.00	4500 Sunburst St		
\$55.00			
Expenditure from			
corporate funds	Bellaire, TX 77401-2609		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
• Complete ONIL V if divest	Canadidate/Office.helder.neme	ht Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held	
Date	Payee name		
05/29/2025	Rhodes, Adam D.		
Amount (\$)	Payee address; City; State; Zip Coo	le	
\$99.00	1231 Cheshire Ln		
Expenditure from corporate funds	Houston, TX 77018-3118		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	ht Office held	
expenditure to benefit C/O		The Office field	
Date	Payee name		
05/29/2025	Riney, Stephen A.		
Amount (\$)	Payee address; City; State; Zip Coc		
\$99.00	4536 Mimosa Dr		
Expanditure from			
Expenditure from corporate funds	Bellaire, TX 77401-5814		
PURPOSE	(a) Cotogon	b) Description	
OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Refunds of Contributions from Individuals	Check if Austin, TX, officeholder living expense	
		Refund of Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held	
expenditure to benefit C/OH			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Sabadula E1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F1:		
Sch: 66/82 Rpt:	Texas Medical Association Political Action Committee00015658	
4 Date	5 Payee name	
05/29/2025	Roseman, Stephen C.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	109 Beverly Ln	
Expenditure from	Pollaira TV 77401 E106	
corporate funds	Bellaire, TX 77401-5106	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Refunds of Contributions from Individuals	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Refund of Contribution	
Operation of the second s		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
05/29/2025	Ruiz, Juan P.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	20534 Kurz Point Dr	
\$33.00		
Expenditure from corporate funds	Richmond, TX 77406-4303	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Refunds of Contributions from Individuals	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Refund of Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	
Data	Davias name	
Date	Payee name	
06/24/2025	Ryan Guillen Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 430172	
φ1,000.00		
Expenditure from		
corporate funds	Laredo, TX 78043-0172	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF		
EXPENDITURE		
	Ryan Guillen, STATE HOUSE 31st TX	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	5	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan R Fees Office (Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor Solicitation/Fundraisin Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	ment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (E	thics Commission Filers)
Sch: 67/82 Rpt:	Texas Medical Association Political Action Co		,
4 Date	5 Payee name		
05/29/2025	Schoppa, Derek M.		
6 Amount (\$)	7 Payee address; City; State; Zip (ode	
\$99.00	5211 Braeburn Dr		
Expenditure from corporate funds	Bellaire, TX 77401-4814		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete	
		Check if Austin, TX, officeholder living exp Refund of Contribution	ense
		Refund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office si H	ught Office held	
Date	Payee name		
05/29/2025	Sencherey, Maxwell K.		
Amount (\$)	Payee address; City; State; Zip (ode	
\$99.00			
φ99.00	3003 Washington Ave Apt 0019		
Expenditure from corporate funds	Houston, TX 77007-6479		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office set	ught Office held	
	r		
Date	Payee name		
05/29/2025	Shah, Tanmay H.		
Amount (\$)	Payee address; City; State; Zip (ode	
\$99.00	5318 Pipers Creek Ct		
Expenditure from corporate funds	Sugar Land, TX 77479-4672		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete	
		Check if Austin, TX, officeholder living exp	ense
		Refund of Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office set	ught Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 68/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
05/29/2025	Sheikh, Maria	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	6207 Alameda Point Ln	
Expenditure from corporate funds	Houston, TX 77041-6251	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Refunds of Contributions from Individuals	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Shenoy, Vikram	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	343 Tamerlaine Dr	
Expenditure from corporate funds	Houston, TX 77024-6148	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Shepard, Maria K.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	21427 Fairhaven Manor Cir	
Expenditure from corporate funds	Cypress, TX 77433-6354	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
EXPENDITURE CATEGORIES FOR BOX 8(a)		
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Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 69/82 Rpt:	Texas Medical Association Political Action Committee00015658	
4 Date 05/29/2025	5 Payee name Sheth, Milan K.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	4607 Chaneybriar Ave	
Expenditure from corporate funds	Sugar Land, TX 77479-6741	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Shetty, Shakunthala	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	3022 Ravensport Dr	
Expenditure from corporate funds	Pearland, TX 77584-8734	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Shevchenko, Yevgeny	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	13042 Memorial Dr	
Expenditure from corporate funds	Houston, TX 77079-7324	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	· · · · ·	
Sch: 70/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
05/29/2025	Shirak, Michelle O.	
C Amount (ft)		
6 Amount (\$)		
\$99.00	823 W Cottage St	
Expenditure from corporate funds	Houston, TX 77009-5202	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Refunds of Contributions from Individuals	
	Refund of Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	4	
Deta	_	
Date	Payee name	
05/29/2025	Shore, Brad L.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	4528 Merrie Ln	
Expenditure from corporate funds	Bellaire, TX 77401-3726	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Refund of Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
05/29/2025	Simon, Mark C.	
Amount (\$)	Payee address; City; State; Zip Code	
.,		
\$99.00	4922 Tres Lagos Dr	
Expenditure from		
corporate funds	Spring, TX 77389-1486	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Refunds of Contributions from Individuals	
EXPENDITURE	Refunds of Contributions from individuals	
	Refund of Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expens /- Gift/Awards/Memorials Expense Printing Expen	Ise Travel Out of District Is/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 71/82 Rpt:	Texas Medical Association Political Action Comm	ittee 00015658
4 Date	5 Payee name	
05/29/2025	Sims, Paul E.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	20612 Eaglewood Forest Dr	
Expenditure from corporate funds	Porter, TX 77365-3269	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Refund of Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
05/29/2025	Sorkin, Tatiana A.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	30 S Cheska Ln	
Expenditure from corporate funds	Houston, TX 77024-6504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b). Refunds of Contributions from Individuals	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
05/29/2025	Sprockel, Dennis G J	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	14247 Misty Meadow Ln	
Expenditure from corporate funds	Houston, TX 77079-3162	
PURPOSE OF		Description
EXPENDITURE	Refunds of Contributions from Individuals	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 72/82 Rpt:	Texas Medical Association Political Action Committee00015658	
4 Date	5 Payee name	
05/29/2025	Stanosheck, Kyle D.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
.,		
\$99.00	7 Southern Coast Dr	
Evenenditure from		
Expenditure from corporate funds	Spring, TX 77380-3479	
·		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Refunds of Contributions from Individuals	
	Refund of Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	
Dete		
Date	Payee name	
05/29/2025	Su, Young Y.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	13515 Red Bloom Cir	
ψυυιου		
Expenditure from corporate funds	Dayton, TX 77535-1235	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Refunds of Contributions from Individuals	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Refund of Contribution	
Complete ONIL V if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		
Date	Payee name	
05/29/2025	Sykes, Daniel M.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	2806 Rippling Springs Ct	
Expenditure from corporate funds	Manvel, TX 77578-4886	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	Refunds of Contributions from Individuals	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Refund of Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	5	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 73/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
05/29/2025	Tabor, Debra D.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	714 E 8th St	
Expenditure from corporate funds	Houston, TX 77007-1720	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Tallackson, Donald B.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	12619 E Shadow Lake Ln	
Expenditure from corporate funds	Cypress, TX 77429-2802	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Tanauli, Nasir A.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	6507 Wilding Wimbledon Ct	
Expenditure from corporate funds	Spring, TX 77379-7735	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 74/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
05/29/2025	Taylor, Matthew T.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	3115 Bridle Bluff Ct	
Expenditure from corporate funds	Katy, TX 77494-4060	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Refunds of Contributions from Individuals Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
05/29/2025	Taylor, Shakaala R.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	7806 Sleepy Rose Ct	
Expenditure from corporate funds	Humble, TX 77396-4301	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
05/29/2025	Teniola, Babajide O.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	24210 Norwood Groves Dr	
Expenditure from corporate funds	Richmond, TX 77469-3750	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glift/Awards/Memorials Expense Printing Expense Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 75/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
06/23/2025	Texans for Dan Patrick	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	P.O. Box 685085	
Expenditure from corporate funds	Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dan Patrick, LT. GOVERNOR TX 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Thommen, Prince J.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	5205 Holly St	
Expenditure from corporate funds	Bellaire, TX 77401-4803	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Thomson, Hugh K.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	3703 Drummond St	
Expenditure from corporate funds	Houston, TX 77025-2417	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 76/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
06/24/2025	Todd Hunter Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5,000.00	445 Cape Henry	
Expenditure from corporate funds	Corpus Christi, TX 78412	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Todd Hunter, STATE HOUSE 32nd TX	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Tom, Donald H.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	4135 Tartan Ln	
Expenditure from corporate funds	Houston, TX 77025-2920	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Tom, Robert J.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	4408 Vivian St	
Expenditure from corporate funds	Bellaire, TX 77401-5631	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 77/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date 05/29/2025	5 Payee name Tran, An D.	
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code 2120 El Paseo St Apt 2402	
Expenditure from corporate funds	Houston, TX 77054-3215	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Trautmann, Johan K.	
Amount (\$) \$99.00	Payee address; City; State; Zip Code 1544 Colton Way	
Expenditure from corporate funds	League City, TX 77573-4578	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Tu, Jo H.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	1 Palm Meadow Ct	
Expenditure from corporate funds	Sugar Land, TX 77479-2559	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 78/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date 05/29/2025	5 Payee name Vargheese, Ajay K.	
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code 2510 Genesee St Houston, TX 77006-3211	
corporate funds		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Vije, Hadassah N.	
Amount (\$) \$99.00	Payee address; City; State; Zip Code 6701 Avenue B	
Expenditure from corporate funds	Bellaire, TX 77401-4215	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Vu, Steve K.	
Amount (\$) \$99.00	Payee address; City; State; Zip Code 4813 Saxon St	
Expenditure from corporate funds	Bellaire, TX 77401-2203	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
, .		
Sch: 79/82 Rpt:	Texas Medical Association Political Action Committee00015658	
4 Date	5 Payee name	
05/29/2025	Wagner, Chad E.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	6 Heritage Ln	
Expenditure from corporate funds	Magnolia, TX 77354-1337	
8 PURPOSE		
0 PORPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Description (c) Description (c) Description 	
EXPENDITURE	Refunds of Contributions from Individuals	
	Refund of Contribution	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	4	
Data	Deveryone	
Date	Payee name	
05/29/2025	Waldrop, William B.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	55 Aviano Circle	
++++++		
Expenditure from corporate funds	Missouri City, TX 77459-1488	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	Refunds of Contributions from Individuals	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Refund of Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
05/29/2025	Wang, Yaoyao A.	
۸mount (۴)		
Amount (\$)		
\$99.00	6615 Nicholas Trl	
Expenditure from corporate funds	Sugar Land, TX 77479-4735	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Refunds of Contributions from Individuals	
	Check if Austin, TX, officeholder living expense	
	Refund of Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 80/82 Rpt:	Texas Medical Association Political Action Committee 00015658	
4 Date	5 Payee name	
05/29/2025	Waqar, Tahira	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.00	15703 Gibson Grass Ct	
Expenditure from corporate funds	Spring, TX 77379-1529	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 	
	Refund of Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	Westerheide, William S.	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	1715 Brookside Pine Ln	
Expenditure from corporate funds	Kingwood, TX 77345-1909	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/29/2025	White, Brandon Lynn	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	9 Coralvine Ct	
Expenditure from corporate funds	Spring, TX 77380-3912	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 81/82 Rpt:	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
05/29/2025	Wilcox, Darrell W.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$99.00	6807 Redwood Terrace Ln
400.00	
Expenditure from corporate funds	Spring, TX 77389-2161
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Refunds of Contributions from Individuals
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Refund of Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/29/2025	Wright, Adam C.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	4026 Raven River Dr
φ99.00	
Expenditure from corporate funds	Houston, TX 77059-5561
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/29/2025	Xu, Wen Annie
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	7415 Frampton Ln
Expenditure from corporate funds	Sugar Land, TX 77479-2790
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Refunds of Contributions from Individuals
	Check if Austin, TX, officeholder living expense
	Refund of Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 82/82 Rpt: Texas Medical Association Political Action Committee 00015658 5 Payee name 05/29/2025 Yang, Shawn X. 6 Amount (\$) 7 Payee address; City; State; Zip Code \$99.00 23 Sunset Park Ln Expenditure from Sugar Land, TX 77479-2742 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 05/29/2025 Zaafran, Sherif Z. Amount (\$) Payee address; City; State; Zip Code \$99.00 1225 Turnbury Oak St Expenditure from Houston, TX 77055-7016 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals EXPENDITURE Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 05/29/2025 Zarzour, David P. Amount (\$) Payee address; City; State; Zip Code \$99.00 814 N 3rd St Expenditure from corporate funds Bellaire, TX 77401-2804 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Refunds of Contributions from Individuals **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund of Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

1

8

9

Date

Date

4 Date