FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086025 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Physicians For Patients PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 204 Gateway N Date Hand-delivered or Date Postmarked Ste A Change of Address MarbleFalls, TX 78654 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Patricia NAME NICKNAME LAST **SUFFIX** Aronin M.D. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1201 Havre Lafitte Dr STREET **ADDRESS** (Residence or Business) Austin, TX 78746 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 204 Gateway North Ste. A MAILING **ADDRESS** Marble Falls, TX 78654 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 203-0950 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·		
2 COMMITTEE NAME	er Dationte DAC		13 Filer ID	(Ethics Commission Filers)
Texas Physicians Fo	or Patients PAC		00086025)
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported		
	applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Manauran	A. Supported		
	Measures (Describe by date and location)	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICA	t qualifies for the higher itemization threshold		
		EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,957.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	140.14
1017.20	4. TOTAL POLITICA	U EVDENDITUDES		110.11
	4. TOTAL POLITICA	AL EXPENDITURES	\$	140.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	17,658.82
OUTSTANDING LOAN TOTALS	l l	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT			L	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			ronin M.D.	
		Signature of Car	mpaign Treası	urer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3	of 14
17 COMMITTEE NAME Texas Physicians For F	Patients PAC	18 Filer ID 00086025	(Ethics Commission File	ers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	;		SUBTOTAL AMOU	UNT
1. X SCHEDULE	A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,	,957.62
2. SCHEDULE	A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE	B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE ORGANIZAT	C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$	
5. SCHEDULE (LABOR ORG	C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ANIZATION	ATION OR	\$	
6. SCHEDULE	C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7. SCHEDULE (ORGANIZAT	C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ION	!	\$	
8. SCHEDULE	D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9. SCHEDULE	E: LOANS		\$	
10. X SCHEDULE	F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	140.14
11. SCHEDULE	F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE I	F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13. SCHEDULE I	F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. SCHEDULE	I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. SCHEDULE I	K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/14	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 06/01/2025	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
	Dringing! goog	Weatherford, TX 76087	Employer (See Instructions			
8	psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/02/2025	Full name of contributor out-of-state PAC (ID#: Chen M.D., Oriana (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing aggr	Pasadena, TX 77505	Employer (See Instructions			
	physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/08/2025	Full name of contributor out-of-state PAC (ID#: Davis M.D., George (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$103.48
		Shenandoah, TX 77384				
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/08/2025	Full name of contributor)		Amount of Contribution (\$)	\$103.48
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/08/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$103.48
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIBUTI	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/14	
2	FILER NAME	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
_	Date)#·	-		
4	02/08/2025	Davis M.D., George (Dr.)	##:)	ľ	Amount of Contribution (\$)	\$103.48
		6 Contributor address; City; State; Zip Code Shenandoah, TX 77384				
_	Delegate at a con-	·	6 Formieron (Constructions	<u>-</u>		
8	physician	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date	Full name of contributor ut-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	03/08/2025	Davis M.D., George (Dr.)				\$103.48
		Contributor address; City; State; Zip Code				
		Shenandoah, TX 77384				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	physician					
	Date	Full name of contributor	D#:)	Π	Amount of Contribution (\$)	
	04/08/2025	Davis M.D., George (Dr.)				\$103.48
		Contributor address; City; State; Zip Code		1		
		33.18.18.18.18.18.18.19.18.19.18.19.18.18.19.18.18.18.18.18.18.18.18.18.18.18.18.18.				
		Shenandoah, TX 77384				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	physician					
	Date	Full name of contributor out-of-state PAC (ID		Т	Amount of Contribution (\$)	
	05/08/2025	Davis M.D., George (Dr.)	···		7 mileant of Continuation (4)	\$103.48
	00/00/2020	Contributor address; City; State; Zip Code		-		4100 . 10
		Contributor address, City, State, Zip Code				
		Shenandoah, TX 77384				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> s)		
	physician	,		,		
	Date	Full name of contributor		Т	Amount of Contribution (\$)	
	06/08/2025	Davis M.D., George (Dr.)	m		Amount of Continbution (4)	\$103.48
	00/00/2020	Contributor address; City; State; Zip Code		1		Ψ100.40
		Contributor address, City, State, Zip Code				
		Shenandoah, TX 77384				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	physician	Salon, ood tile (ood melidellone)	Employer (See manuchons	٠,		
	71170101011					

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	tion Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/14	
2	FILER NAME Texas Physic	ians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	03/27/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$300.00
8	Principal occup	Austin, TX 78731 ation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	dermatologis					
	Date 03/27/2025	Full name of contributor out-of-state PAC (ID#:_Geddes-Bruce M.D., Elizabeth (Dr.) Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$300.00
	Principal occup	nation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	dermatologis					
	Date 06/01/2025	Full name of contributor out-of-state PAC (ID#:_ Geddes-Bruce M.D., Elizabeth (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78731				
	Principal occup dermatologis	nation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID#:_Hart M.D., Emily (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606			Amount of Contribution (\$)	\$50.00
	Principal occup pediatrician	action / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID#:_Hart M.D., Emily (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606			Amount of Contribution (\$)	\$50.00
	Principal occup pediatrician	ation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/14	
2	FILER NAME Texas Physic	cians For Patients PAC			3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date		out-of-state PAC (ID#:	1	7	Amount of Contribution (\$)	
•	01/01/2025	Hines M.D., Lorissa (Dr.) 6 Contributor address; City; State;				yunoun or contribution (v)	\$25.00
		Austin, TX 78732					
8	Principal occu physician	pation / Job title (See Instructions)		9 Employer (See Instructions)		
		Full name of contributor	and of state DAC (ID)			Amount of Contribution (\$)	
	Date 01/06/2025	Hines M.D., Lorissa (Dr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	01/00/2023		7:- 0-1-				Φ100.00
		Contributor address; City; State;	Zip Code				
		Austin, TX 78732					
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/01/2025	Hines M.D., Lorissa (Dr.)					\$25.00
		Contributor address; City; State;	Zip Code				
		, ,	•				
		Austin, TX 78732					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	physician						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/06/2025	Hines M.D., Lorissa (Dr.)	_				\$25.00
		Contributor address; City; State;	Zip Code				
		, ,,	·				
		Austin, TX 78732					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	()		
	physician						
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	03/01/2025	Hines M.D., Lorissa (Dr.)					\$25.00
		Contributor address; City; State;	Zip Code				
		Austin, TX 78732					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	physician						

	MONEI	ARY POLITICAL CONTRI	BUIIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this fo	rm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/14	
2	FILER NAME Texas Physic	sians For Patients PAC			3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 03/06/2025		e PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78732	•				
8	Principal occu physician	oation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 02/01/2025	Full name of contributor out-of-state Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/06/2025	Full name of contributor out-of-state Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Austin, TX 78732					
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 03/01/2025	Full name of contributor out-of-state Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78732	e PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 03/06/2025	Full name of contributor out-of-state Hines M.D., Lorissa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78732	e PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/14	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
1	Date	5 Full name of contributor out-of-state PAC (ID	D#·)	17	Amount of Contribution (\$)	
-	04/01/2025	Hines M.D., Lorissa (Dr.) 6 Contributor address; City; State; Zip Code		' 	Amount of Continuation (4)	\$25.00
		Austin, TX 78732				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>I</u> S)		
	physician	, , , , ,				
	Date	Full name of contributor out-of-state PAC (ID	<u> </u>	Τ	Amount of Contribution (\$)	
	04/06/2025	Hines M.D., Lorissa (Dr.)) · · · · · · · · · · · · · · · · · · ·		ranount of Continuation (4)	\$100.00
		Contributor address; City; State; Zip Code		ł		,
		Contributor address, City, State, 21p Code				
		Austin, TX 78732				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	physician					
	Date	Full name of contributor ut-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	05/01/2025	Hines M.D., Lorissa (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		A T.V. 70700				
	Delivational	Austin, TX 78732	Frankrije (O. a. kratinski an	<u> </u>		
	physician	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				_		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	# 4.00.00
	05/05/2025	Hines M.D., Lorissa (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78732				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I </u>		
	physician					
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Π	Amount of Contribution (\$)	
	06/01/2025	Hines M.D., Lorissa (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78732		L		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	physician					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/14	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 06/06/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Discourse	Austin, TX 78732	2. Farada e a (Carada de Arasta de Carada de C	Ĺ		
8	physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:_ Kidwai M.D., Shahroz (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringinal occur	Dallas, TX 75231 pation / Job title (See Instructions)	Employer (See Instructions			
	physician	Jalion / Job title (See Instructions)	Employer (See instructions	')		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$51.99
		San Antonio, TX 78209				
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#:_King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$500.00
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$51.99
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		-				

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/14	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 03/09/2025	 Full name of contributor out-of-state PAC (II King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$51.99
_		San Antonio, TX 78209	<u></u>	Ĺ		
8	Principal occu Psychiatrist	pation / Job title (See Instructions)	9 Employer (See Instruction:	s)		
	Date 02/03/2025	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	San Antonio, TX 78209 Dation / Job title (See Instructions)	Employer (See Instruction:	s)		
	Psychiatrist					
	Date 02/09/2025	Full name of contributor out-of-state PAC (II King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$51.99
		San Antonio, TX 78209				
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instruction:	s)		
	Date 03/09/2025	Full name of contributor out-of-state PAC (II King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209	D#:)		Amount of Contribution (\$)	\$51.99
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Date 04/09/2025	Full name of contributor out-of-state PAC (II King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209	D#:)		Amount of Contribution (\$)	\$51.99
	Principal occu Psychiatrist	oation / Job title (See Instructions)	Employer (See Instruction	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/14	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 05/07/2025	 Full name of contributor out-of-state PAC (ID#:_ King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$515.38
_		San Antonio, TX 78209		<u></u>		
8	Principal occu Psychiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$51.99
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Psychiatrist	odion 7 oob title (See mandenons)	Employer (See instructions	"		
	Date 06/09/2025	Full name of contributor out-of-state PAC (ID#:_ King M.D., Alisha (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$51.99
		San Antonio, TX 78209				
	Principal occu Psychiatrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/02/2025	Full name of contributor out-of-state PAC (ID#:_Lozano M.D., Anna (Dr.) Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$100.00
	Principal occu Ob/Gyn	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/03/2025	Full name of contributor out-of-state PAC (ID#:_Martinez M.D., Dora (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550			Amount of Contribution (\$)	\$25.00
	•	oation / Job title (See Instructions) cine Physician	Employer (See Instructions	5)		
	<u> </u>					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/14	
2	FILER NAME Texas Physic	cians For Patients PAC		3	Filer ID (Ethics Commission 00086025	n Filers)
4	Date 06/02/2025	 Full name of contributor out-of-state PAC (ID#: Maxwell M.D., Katie (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$150.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions			
0	psychiatrist	pation / Job title (See Instructions)	Employer (See instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Mure M.D., Amanda (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Edinburg, TX 78539				
	Urologist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/01/2025	Full name of contributor out-of-state PAC (ID#: Pandya M.D., Vrunda (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Boerne, TX 78006				
	Principal occu Anesthesiolo	pation / Job title (See Instructions) gist	Employer (See Instructions)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Patel M.D., Shivam (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$20.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/02/2025	Full name of contributor out-of-state PAC (ID#: Proactive Healthcare Plus Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$400.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
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ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
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